



Motor Vehicle Windscreen Damage Claim Form

The completion of this form and its receipt by us is not an indication that we accept any liability. We have quality repairers to help you in the event of a claim. Please contact us before authorising repairs.

Please print in BLOCK LETTERS and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

This form should be completed and returned within 7 days of receipt by the insured.

Claim no.

Policy no.

Excess

Insured's details

Title Name of Insured

Address

Postcode

Name of business

Contact name

Telephone no.

Mobile no.

Facsimile no.

Email address

1. Are you registered for GST? No Yes

2. What is your Australian Business Number (ABN)?

3. Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes

If "yes", what is your percentage entitlement? %

4. What was your Input Tax Credit (ITC%) on your premium payment for this policy? %

Vehicle details

1. Year of manufacture Make

Model

Registration no.

Driver's details

1. Driver or person last in charge of your vehicle.

Name

Date of birth

/ /

Address

Postcode

2. Has the driver held a Driver's Licence for more than 2 years?

No

Yes

Expiry Date

/ /

Damage details

1. Date of damage

Date

/ /

Time

a.m.

p.m.

2. Where did the damage occur?

Street

Town/Suburb

3. What caused the damage?

4. Which glass was damaged?

Front windscreen

Side window

Rear window

5. Type of windscreen broken

Armour Plate Safety Glass

Laminated Glass

Laminated Glass, Bonded/Tinted

6. Has the Windscreen been replaced?

No

Yes

If "yes", by whom?

Have you paid the repairer?

No

Yes

If "yes", please submit receipted account.

If "no", estimated cost of replacement.

\$

No claim bonus - Your No claim bonus may be affected. Please contact us for further details.

Excess - If a policy excess applies, the Excess should be paid direct to the repairer.

Declaration

We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing our personal information to or collecting our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I declare that the foregoing particulars are true in every respect.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy.

Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.sgio.com.au/privacy or can be sent to you by contacting us on 133 233.

The foregoing information is to the best of my knowledge and belief true in every respect. I hereby submit this information in support of my formal claim for indemnity under my Policy.

The document can be signed electronically, using the Adobe fill and sign feature.

Signature of **Driver**

Date

Signature of **Policyholder**

Date