



Windscreen Breakage Claim

Policy Number

Claim Number

The issue of this form does not constitute an admission of liability on the part of the insurer.
Please complete all sections.

THE INSURED

Insured Full Name	Surname <input type="text"/>	Given Name(s) <input type="text"/>
Postal Address	<input type="text"/>	
	State <input type="text"/>	Postcode <input type="text"/>
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/> ABN <input type="text"/>	Taxable <input type="text"/> %
Contact Number(s)	Business (<input type="text"/>)	Private (<input type="text"/>)
	Facsimile (<input type="text"/>)	Mobile <input type="text"/>

INSURED VEHICLE DETAILS

Make of Vehicle <input type="text"/>	Year of Manufacture <input type="text"/>	VIN No. <input type="text"/>
Model <input type="text"/>	Registered No. <input type="text"/>	
Type of windscreen fitted at time of accident:	Laminated <input type="checkbox"/>	Plain <input type="checkbox"/> Full Tint <input type="checkbox"/> Banded Tint <input type="checkbox"/>

THE BREAKAGE

Date of breakage <input type="text"/>	Time of breakage <input type="text"/> am/pm
Location of breakage <input type="text"/>	
Describe how the breakage occurred.	
<input type="text"/>	
<input type="text"/>	
Type of damage:	Shattered <input type="checkbox"/> Bull's-eye Type <input type="checkbox"/> Cracked <input type="checkbox"/>

THE WINDSCREEN

Date new windscreen fitted by repairer <input type="text"/>	Type: Laminated <input type="checkbox"/> Plain <input type="checkbox"/> Full Tint <input type="checkbox"/> Banded Tint <input type="checkbox"/>
Name of repairer who fitted windscreen <input type="text"/>	
Address <input type="text"/>	Postcode <input type="text"/>
Has repair account been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please attach repair account <input type="checkbox"/>

PRIVACY

Amendments to the Privacy Act 1988 took effect on 21 December 2001. QBE Mercantile Mutual's Our Privacy Promise brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your broker or agent to obtain a copy of Our Privacy Promise. A copy of the brochure may also be obtained from any QBE Mercantile Mutual office or from our website at www.qbemmm.com.au

DECLARATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE Mercantile Mutual Limited give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Driver's Signature

Date

Insured's Signature

Date