



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.

THE FORM SHOULD BE COMPLETED AND RETURNED TO SGIC WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

Claim No.

Policy No.

Expiry Date

Excess

INSURED'S DETAILS

Name of Insured ^{Mr} ^{Mrs} ^{Miss} ^{Ms} _____
 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 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? _____ %

VEHICLE DETAILS

(1) Year _____ Make _____ Model _____ Reg. No. _____

DRIVER'S DETAILS

(1) Driver or person last in charge of your vehicle.
 Name _____ Date of Birth ____ / ____ / ____
 Address _____

(2) Has the driver held a Driver's Licence for more than 2 years? No Yes Expiry Date ____ / ____ / ____

DAMAGE DETAILS

(1) Date of damage ____ / ____ / ____ Time ____ am/pm

(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

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.sgic.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.

Signature of DRIVER _____

Date _____

Signature of POLICYHOLDER _____

Date _____