

Windscreen Claim Form

Insured Details

Policy Number: _____

Name of Insured: _____

Contact Person: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____

Address: _____

Are you registered for GST? Yes No If yes, what is your ABN? _____

Insured Vehicle Details

Year: _____ Make & Model: _____ Registration Number: _____

Incident Details

Address of where incident occurred: _____

Date and time of incident: _____

Incident description: _____

EFT Details

The insurer may settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you. In order that they transfer settlement funds direct to your account we request that you provide your banking details.

Name: _____ Bank: _____ Account No: _____ BSB No: _____

Privacy: We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices, or on our website at www.mclardymcshane.com.au

Declaration: I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: _____ Date: _____