

**PLEASE NOTE:**

- Please attach all relevant invoices relating to the breakage.

**POLICY DETAILS:**

Insured:

ABN:

To what extent can you claim an input tax credit on your motor vehicle insurance premiums? %

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim? %

Address:

City:

State:

Postcode:

Contact name:

Tel:

Mobile:

Fax:

Email:

**DRIVER OF INSURED VEHICLE:**

Surname:

Given name (s)

Address:

City:

State:

Postcode:

Tel:

Mobile:

Drivers licence no:

Expiry date: / /

**INSURED VEHICLE:**

Make:

Model:

Year:

Registration no:

Colour:

**PARTICULARS OF BREAKAGE:**

Type of windscreen:  
(Laminated, tinted etc.)

Date breakage occurred:     /     /                      Location where breakage occurred:

Type of incident?

Thrown rock

Other missile

Any other cause (please advise):

Amount claimed:             \$ \_\_\_\_\_

Windscreen                    \_\_\_\_\_     Drivers Window                    \_\_\_\_\_     Rear Window                    \_\_\_\_\_

Passenger window                    \_\_\_\_\_     LH Side                    \_\_\_\_\_     RH Side                    \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**DECLARATION AND AUTHORISATION:**

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to Australian Bus & Coach Underwriting and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/ our choice; however, Australian Bus & Coach Underwriting and/or its agent may not be able to process my/our claim.

I/We consent to Australian Bus & Coach Underwriting and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/We also consent to Australian Bus & Coach Underwriting and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then Australian Bus & Coach Underwriting and/or its agent will be unable to process my/our claim.

I/We authorise Australian Bus & Coach Underwriting or its agent to 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.

Signature of insured: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Signature of driver: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

## AGENT OF THE INSURERS

In accordance with the requirements of the Corporations Act 2001 Australian Bus & Coach Underwriting in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly Australian Bus & Coach Underwriting will be acting as an agent of the insurers and not an agent of the insured.

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.austagencies.com.au](http://www.austagencies.com.au). **Please access and read this policy.**

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

## GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## COMPLAINTS & DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.