

CLAIM NO.

Name

Phone

The claims officer handling this claim is

Listed below is general information that may assist you during the period of your claim.

1. Please ensure "Personal Information" is read before signing Declaration.
2. Please fully answer all the questions on this form and ensure the form is signed. Omissions of relevant information may delay attention to your claim or prevent us from allowing the claim.
3. Where available, please provide supporting documentation in support of the amount claimed.
4. If making a claim, you may be required to produce proof of ownership in respect to the items claimed. Proof of ownership may be by way of valuations, photographs, receipts or accounts of purchase.
5. Please note if you are making a claim, unless you have our consent, you must not carry out repairs or dispose of any damaged property, admit liability to anyone else, negotiate, pay or settle a claim with anyone else. In the event of you being approached by the other party, or their representatives, we ask you not to admit liability in any way. If you receive any correspondence relative to this matter, please forward it to us for our attention.
6. The aim of RAA Insurance is to provide you with efficient and speedy claims management service in conjunction with "quality customer service".
7. The issue of this form is not an admission of liability by RAA Insurance.

Policy No: Commencing Date: / / Expiry Date: / /

No claim bonus rating: Reg No:

Vehicle:

Insured's name:

Address (Private): P/Code

Phone No. (Home): (Bus): Fax No./E-mail

Address (Business): P/Code

Are you registered for GST? NO YES IF "YES" ABN

If "YES", PERCENTAGE OF INPUT TAX CREDIT CLAIMABLE %

(Please consult with your taxation adviser to ascertain the accurate business percentage)

Was broken windscreen or window: ZONE TOUGHENED/LAMINATED TINTED BANDED (Circle whichever is applicable)

Did windscreen CRACK/SHATTER/CHIP? (Circle whichever is applicable)

How did breakage occur?

Repairer's name: DATE OF BREAKAGE: / /

Cost of replacing windscreen or window: \$

Cheque in settlement of this claim to be sent to CLIENT/REPAIRER (Circle whichever is applicable)

PLEASE ATTACH RECEIPT / REPAIR ACCOUNT.

Have you made a previous windscreen claim in the last 12 months with us or with another company? YES / NO

If "YES", give details:

PERSONAL INFORMATION

The personal information you give us is used to assess the extent of (*insurance*) risk that you have proposed to us. It also plays a part in determining fair and competitive premiums and as regards claims in particular, helps us in determining your entitlement.

If you do not want to provide the information we request then this can either delay or prevent us from providing the insurance cover you want or allowing a claim.

As a normal part of our business activities, claims related information is provided to and on occasions obtained from Insurance Reference Service Ltd. This is a company independent of RAA Insurance, which collates and distributes claims data to and from other general insurers.

Also, limited information is at times provided to other general insurers when confirming or seeking to confirm insurance related details involving claims or policy entitlements.

If you wish to gain access to your personal information that we hold on our records,

Please contact us on 1300 88 4567

Privacy of your information is important to us. We do not rent, sell or trade your information. We use your personal details to ensure that our records are correct and in order to provide you with the best possible service and products. From time to time RAA or one of its related companies may contact you with some direct offers that may be of interest to you. Please contact us if you do not wish to receive direct offers from the RAA.

DECLARATION

- The information and answers given in this form are truthful, accurate and frank. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We authorise RAA Insurance to give to or obtain from other insurers, any insurance reference bureau or any other party, any information relating to this insurance or any other insurance held by me/us or any insurance claim made by me/us.

WARNING: Wilful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.

Signature:
of Insured

Date: