



General Insurance

Windscreen Claim

SA: Telephone: 1800 182 289 Address: PO Box 312, Rundle Mall SA 5000
VIC: Telephone 1800 106 951 Address: GPO Box 2176T, Melbourne VIC 3001

Policy No.

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Please complete the claim, placing your details or tick the relevant boxes provided

Surname	Given names	Date of birth / /
Postal address		Postcode
Phone (home) ()	Phone (business) ()	

Are you registered for GST purposes?

NO YES What is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

NO YES Is the amount claimed or intended to be claimed less than 10% of the GST applicable to the premium?

NO YES Specify the percentage amount claimed or intended to be claimed _____%

Are you entitled to claim an input tax credit for repairs or replacement of your windscreen?

NO YES Is the amount claimable less than 100%? NO YES Specify the percentage amount claimable %

Details of Insured vehicle

Make & Model	Reg. no.	Year
Body type	Purchase date / /	
Purpose for which vehicle was being used at the time of incident:	Business <input type="checkbox"/>	Private <input type="checkbox"/>
Type of windscreen fitted at the time of breakage:	Zone toughened <input type="checkbox"/>	Laminated <input type="checkbox"/>
		Band tinted <input type="checkbox"/>

Details of Breakage

Where did the breakage occur?

Date of breakage / / Time a.m. p.m.

Please give details of how the breakage occurred

Type of damage: Shattered Bulls-eye Cracked Fallen-in

Malicious damage and theft damage must be reported to the police Police report no. if applicable

Date reported / / Which police station? Has the account been paid? Yes No

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Mutual Community General Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Mutual Community General Insurance may not be able to process my claim.

I consent to Mutual Community General Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Mutual Community General Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Insured's signature **Date** / /