# Motor Vehicle Windscreen

## Claim Form



#### PLEASE RETURN COMPLETED FORM TO YOUR JLT OFFICE:

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www.jlta.com.au



### **Motor Vehicle - Windscreen Claim Form**

The Issue of this form is not an admission of Liability.

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM										
JLT contact/ref	Insurer		Policy No	).	Exces	ss				
INSURED'S DETAILS										
1. Name of Insured										
2. Postal Address										
				Postcode						
3. Contact Name				Telephone No.						
E-mail Address:				Facsimile No.						
4. If more than one na	med insured is claiming for thi	is loss, please answer th	nis question f	for each insured on	a separate pa	ge				
(a) Are you register	ed for GST purposes? (Tick b	ox applicable)			YES 🗌	NO				
If YES, what is	your Australian Business Nun	nber (ABN)?								
quarterly Busine	ed or are you entitled to claim ess Activity Statement to the A e policy under which this claim	australian Taxation Offic	C) on your me e in respect t	onthly or to the GST paid	YES 🗌	№ □				
If YES, what pe	rcentage of the GST did you c	slaim or are you entitled	to claim?		%					
(if the GST paid	and your ITC entitlements are	e the same amount, the	answer to th	is question is 100%	(a)					
NB: Insurers <u>cannot settle your claim</u> without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser										
		. ,	,	any queries, piea	oc occ your to					
	CCEPTANCE BY YOUR INSU									
FOLLOWING CLAIM A	CCEPTANCE BY YOUR INSU		E PREFERR							
FOLLOWING CLAIM ACC	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS	E PREFERR	ED METHOD OF F	PAYMENT					
FOLLOWING CLAIM ACC	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS	E PREFERR se payee	ED METHOD OF F	PAYMENT					
FOLLOWING CLAIM ACC Cheque Direct If you have selected Direct Control of the Cont	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS  lected Cheque, nominate following information (a	E PREFERR se payee	ED METHOD OF F	PAYMENT					
FOLLOWING CLAIM ACC Cheque Direct If you have selected Direct Bank Branch Number	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS  lected Cheque, nominate following information (a	E PREFERR te payee  alternatively s t Name	ED METHOD OF F	PAYMENT					
FOLLOWING CLAIM ACC Cheque Direct If you have selected Direct Bank Branch Number PARTICULARS OF ACC	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS  lected Cheque, nominate following information (a	E PREFERR The payee [ The paye	ED METHOD OF F	PAYMENT  p noting the fol	llowing information)				
FOLLOWING CLAIM ACC Cheque Direct If you have selected Direct Bank Branch Number PARTICULARS OF ACC 5. Date of event	CCEPTANCE BY YOUR INSU	JRER, PLEASE ADVIS  lected Cheque, nominate following information (a	E PREFERR te payee  alternatively s t Name	ED METHOD OF F	PAYMENT					
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8.	Type of damage:	Shattered [		Bulls Eye T	уре 🗌	Crack	ed 🗌				
VEI	HICLE DETAILS										
9.	Year of Manufacture			Vehicle Make and Model							
10.	Body Type			Registration No							
DRI	DRIVER'S DETAILS										
11.	Name										
	Address										
	Date of Birth			Driver's licence No			Classes				
	Expiry Date of Licence			Years held							
	. ,										
DE	TAILS OF REPAIR										
12.	Date new windscreen fitted	by repairer									
	Type of windscreen fitted	Laminated		Plain 🗌	Full Tint		Banded Tin	t 🗌			
	Name of repairer										
	Address										
13.	Has repair account been pa	id? YES		NO 🗌	Please attached r	epair account					
Ple	ease note:										
1.	, ,										
2. 3.	<ol> <li>Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.</li> <li>Contact your Claims Broker should you require assistance.</li> </ol>										
DE	DECLARATION										
I de	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.										
Signature of insured or person with authority to sign for or on behalf of the insured					Date:						
						<u> </u>					
Cie	acture of the driver (if not the	inarrad				Deter					

<sup>\*</sup> this consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business



## **JLT Collection Statement**

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing
  insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on
  your requirements). Other purposes include providing you with information about other JLT products or services and
  administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant
  to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centre in Mumbai (India) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (<a href="www.jlta.com.au">www.jlta.com.au</a>). For further information contact your account executive or the JLT Privacy Officer:

Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000 Telephone: (02) 9290 8000