

Claims Report

Broken Windscreen Only

The supply or acceptance of this form is not an admission of liability on the part of the Insurer.

On receipt of the account for replacement please pay the repairer direct OR forward cheque to Compass Insurance Brokers.

If the windscreen has already been replaced please attach your receipt.

If the questions below do not cover all of the facts please attach supporting documentation.

Insurer Name:		Policy No:		Client Code:	
Insured's Details					
Full Name:			Trading Name:		
Address:				Postcode:	
Telephone:			Mobile:		
Email:				D.O.B:	
Driver's Details					
Driver's Name:				D.O.B:	
Driver's Licence No:			Expiry Date:		
Vehicle Details					
Make of Vehicle:			Model:		
Year:		Registration No:		Engine No:	
Claim Details					
Date of Breakage:			Location:		
Was the broken windscreen treated? (please tick all that apply)					
<input type="checkbox"/> Tinted <input type="checkbox"/> Zone Toughened <input type="checkbox"/> Laminated <input type="checkbox"/> Armour Plate <input type="checkbox"/> Banded <input type="checkbox"/> Other					
If OTHER, please detail:					
Was the windscreen struck by a stone? <input type="checkbox"/> YES <input type="checkbox"/> NO - If NO, state cause:					
To ensure you don't incur any unnecessary GST liabilities on this claim please complete the following:					
ABN (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				ITC Entitlement: _____ %	
Signature:				Date:	