

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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WINDSCREEN / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

We are sorry to learn that you have damaged your windscreen. Our main concern now is that your vehicle is repaired as quickly as possible. In order to enable us to do this you need to:

- (a) **Complete this claim form** and attach a copy of the driver's driver's licence.
- (b) **Attach quotation/invoice/receipt** for the replacement windscreen. Repairs must not be authorised without our approval.
- (c) **Return the claim form and attachments to us.** On receipt we will give your claim our immediate attention, and where necessary appoint an assessor to inspect your vehicle.

The issue and acceptance of this Claim Form is not an admission of liability. Every question must be answered truthfully as failure to do so may affect acceptance of your claim.

Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

1. THE INSURED (OWNER)

Policy No. _____ Expiry Date ____/____/____
Full Name: Mr/Mrs/Ms _____ Date of Birth ____/____/____
Address: _____
Email Address: _____
Work Phone No _____ Home Phone No _____ Occupation _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

2. THE VEHICLE

Make _____ Model _____
Year of Manufacture _____ Reg. No. _____
Is there any prior unrepaired damage to the vehicle? Yes No
Details _____

3. THE INCIDENT

Day of breakage _____ Date of Incident _____ Time _____
Place where breakage occurred _____
How did breakage happen? _____

4. THE DRIVER OF THE INSURED VEHICLE

Full Name Mr/Mrs/Ms _____ Date of Birth ____/____/____

Address _____

_____ State _____ Postcode _____

Work Phone No. _____ Home Phone No. _____ Occupation _____

Licence No. _____ Provisional or full _____

Date original licence obtained ____/____/____ Expiry date ____/____/____

Attach copy of both sides of licence

Has the driver, during the last five years:

- a. had any motor vehicle stolen or destroyed by fire, whether reported to an insurance company or not? Yes No
- b. had any accident whether reported to an insurance company or not? Yes No
- c. made a claim on an insurer involving a motor vehicle? Yes No
- d. had any insurance or renewal of insurance declined? Yes No
- e. had special conditions or additional excesses imposed on any insurance or renewal? Yes No
- f. had any driving or motor cycle licence endorsed, cancelled or suspended? Yes No
- g. been charged, summonsed, convicted and/or fined for any motoring or driving offence including speeding fines/or traffic offences? Yes No
- h. been charged, summonsed or convicted of any criminal offence including arson, drug offences, fraud or malicious damage, theft or injury to any person? Yes No
- i. been declared bankrupt or had a vehicle repossessed? Yes No

Does the driver have any physical defect, infirmity or sight and hearing impairment? Yes No

Does the driver regularly take any medication which may affect his/her driving ability, including prescription or other drugs? Yes No

If you have answered "Yes" to any of the above questions, please provide details in the space below, including the name of any insurer involved. You can obtain a copy of your driving record from the licensing authority in your state.

Date	Type of Claim (eg Theft, Accident, Malicious Damage)	Insurance Company	Amount of Loss

DECLARATION:

I/We declare that the information and answers given to all the questions on this Claim Form are true and correct. I/We have not withheld any information likely to affect consideration of this claim.

Date ____/____/____ Driver's Signature _____ Insured's Signature _____