

WINDSCREEN CLAIM FORM

PLEASE NOTE

- Please attach all relevant invoices relating to the breakage

POLICY DETAILS

Insured: _____

Policy Number: _____

ABN: _____

To what extent can you claim an input tax credit on your motor vehicle insurance premiums? %

To what extent can you claim an input tax credit on the vehicle which is the subject of this claim? %

Address: _____

City: _____ State: _____ Postcode: _____

Contact name: _____

Tel: _____ Mobile: _____

Fax: _____ Email: _____

Number of employees: _____

DRIVER OF INSURED VEHICLE

Surname: _____ Given name (s) _____

Address: _____

City: _____ State: _____ Postcode: _____

Tel: _____ Mobile: _____

Drivers licence no: _____ Expiry date: / /

INSURED VEHICLE

Make: _____ Model: _____ Year: _____

Registration no: _____ Colour: _____

PARTICULARS OF BREAKAGE

Type of windscreen:

(Laminated, tinted etc.)

Date breakage occurred: / / Location where breakage occurred:

Type of incident?

Thrown rock

Other missile

Any other cause (please advise):

Amount claimed: \$

Windscreen

Drivers Window

Rear Window

Passenger window

LH Side

RH Side

Other (please specify)

ELECTRONIC FUNDS TRANSFER

Following SURA Australian Bus and Coach's approval of your claim, your claims benefit can be transferred directly into your bank account.

Please provide the following details:

Name of Financial Institution:

Account Name:

Bank Swift Code (BSB):

Account Number:

AGENT OF THE INSURERS

SURA Australian Bus and Coach acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

PRIVACY STATEMENT

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au

Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively you can request a brochure on the Code from SURA Australian Bus and Coach.

COMPLAINTS AND DISPUTES RESOLUTION

We view seriously any complaint made about Our products or services and will deal with it promptly and fairly.

If You have a complaint please first try to resolve it by contacting the relevant member of Our staff.

If the matter is still not resolved, please then contact Our Internal Disputes Resolution Officer on (02) 9930 9500, or by email at IDR@SURA.com.au or by writing to Us at the address for SURA given above. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and Our Dispute Resolution procedures.

You can contact Us if You want more information on Our procedures.

If You are a natural person or a small business, and You are not satisfied with the final decision, You may wish to contact the Australian Financial Complaints Authority (AFCA). The AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints where We have been unable to satisfy Your concerns.

For further details You can visit their website at www.afca.org.au or contact them:

Australian Financial Complaints Authority

PO Box 3
Melbourne, VIC, 3001
Telephone: 1800 931 678
Email: info@afca.org.au

DECLARATION AND AUTHORISATION

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I/We consent to SURA Australian Bus and Coach and/or its agent using the personal information I/We have provided for the purpose of processing my claim. I/We understand that if I/We choose not to provide the required details, this is my/ our choice; however, SURA Australian Bus and Coach and/or its agent may not be able to process my/our claim.

I/We consent to SURA Australian Bus and Coach and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/We also consent to SURA Australian Bus and Coach and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal information then SURA Australian Bus and Coach and/or its agent will be unable to process my/our claim.

I/We authorise SURA Australian Bus and Coach or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured:

Date:

Name: (please print)

Signature of driver:

Date:

Name: (please print)