

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: _____

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

In accordance with the requirements of the Corporations Act 2001 SURA Australian Bus and Coach in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly SURA Australian Bus and Coach will be acting as an agent of the insurers and not an agent of the insured.

PRIVACY

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.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information 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 mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

COMPLAINTS AND DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.

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)
