

**MSIG**

Mitsui Sumitomo Insurance Company, Limited
 ABN 49 000 525 637
 AFS Licence No.240816

Motor Vehicle Windscreen Breakage Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

Please complete all sections.

The Insured										
Full Name (Block Letters)	Surname				Given Name(s)					
Postal Address							State		Postcode	
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?							
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed						%			
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed						%			
Contact Numbers	Business	()				Private	()			
	Facsimile	()				Mobile				

Insured Vehicle Details					
Make of Vehicle		Year of Manufacture		VIN No.	
Model				Registered No.	
Type of windscreen fitted at time of accident:	Laminated <input type="checkbox"/>	Plain <input type="checkbox"/>	Full Tint <input type="checkbox"/>	Banded Tint <input type="checkbox"/>	

The Breakage			
Date of breakage	/ /	Time of breakage	am/pm
Location of breakage			
Describe how the breakage occurred			
Type of damage:	Shattered <input type="checkbox"/>	Bull's-eye Type <input type="checkbox"/>	Cracked <input type="checkbox"/>

The Windscreen					
Date new windscreen fitted by repairer	/ /	Type?	Laminated <input type="checkbox"/>	Plain <input type="checkbox"/>	Full Tint <input type="checkbox"/> Banded Tint <input type="checkbox"/>
Name of repairer who fitted windscreen					
Address					
				State	Postcode
Has repair account been paid? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach repair account					

Privacy

Mitsui Sumitomo Insurance co. Ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we authorise Mitsui Sumitomo Insurance Company Limited 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 1.	<input type="text"/>	Date	<input type="text"/>
Signature of insured 2.	<input type="text"/>	Date	<input type="text"/>

Please check that this form has been fully completed as any omissions may delay your claim.