Mitsui Sumitomo Insurance Company, Limited
NZBN 9429039809810
NZFS License No.283534

Motor Vehicle Windscreen Breakage Claim

The issue of this form does not constitute and 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☐ Yes☐	What is your NZBN			
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No ☐ Yes☐-Will you be claiming an amount less than 100%?				
	No ☐ Yes☐-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 ☐ Yes☐-Will you be claiming an amount less than 100%?				
	No ☐ Yes☐-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 widescreen fitted at time of accident	Laminated☐ Plain☐ Ful Tint☐ Banded Tint☐				

The Breakage			
Date of breakage	/ /	Time of breakage	am☐/pm☐
Location of breakage			
Describe how the break occurred			
Type of damage	Shattered☐ Bull's-eye type☐ Cracked☐		

The Windscreen						
Date new windscreen fitted by repairer	/ /	Type? Laminated ☐ Plain☐ Full Tint☐ Banded Tint☐				
Name of repairer who fitted windscreen						
Address						
		State		Postcode		
Has the repair account been paid?	Yes☐ No☐ 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 +64 9363 2742 or email msiaus@ms-ins.com.

Declaration and authorisation
The information and answers given above are true, correct and complete in every detail.
1. I/we understand the claim may be refused if information is not true or is withheld.
2. 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.		Date	/ /
Signature of insured 2.		Date	/ /

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