

Steadfast Taswide Insurance Brokers Pty Ltd ABN 24 092 613 664 AFS Licence No. 238451

> enquiries@stib.com.au www.steadfasttaswide.com.au

Level 4, 142 Elizabeth Street

Hobart TAS 7000

Ph (03) 6231 3360

Fax (03) 6231 6053

12 Don Road **Devonport TAS 7310** Ph (03) 6424 8886 Fax (03) 6423 4005

> 75 Wilson Street **Burnie TAS 7320** Ph (03) 6431 1888 Fax (03) 6431 3444

156 George Street Launceston TAS 7250 Ph (03) 6334 7988 Fax (03) 6331 6967

Broken Windscreens Only

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Comprehensive Policy Number		From	То
Insured's Name			Insured's Age
Street Address			Postcode
Insured's Phone	Insured's Em	ail	
Driver's Name			Driver's Age
Driver's Licence	Expiry Date	:	
Make of Vehicle	Model		Year
Engine Number	Rego	Date of E	Breakage
Was the broken windscreen treated? (Please check all that apply)			
Tinted	Zone Toughened	Lami	nated
Amour Plate	Banded	Othe	er
Was the windscreen struck by a stone? Yes No If not, state cause			

To ensure you do not incur any unnecessary GST liabilities on this claim please complete the following:

Australian Business Number (ABN) if applicable

Entitlement to input tax credit on respect of the insurance premium % and the vehicle %

Bank Details

In the event the claim is successful and the insurer can settle via EFT, please provide the below details

Account Name

BSB & Account Number

If the windscreen has already been replaced please attach your account receipt.

If these questions do not cover all the facts of the accident please attach supporting documentation. I declare that the above is a true statement of the facts and all matters relating to this claim.

Insured's Signature Date

Privacy Statement The Privacy Act 1988 requires us to tell you that we as broke and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims. When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law. Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us. You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

