

# Windscreen Breakage Claim Form

**UAA**

Underwriting Agencies of Australia Pty Ltd - Po Box 656 Newcastle NSW 2300 glassclaims@uaa.com.au

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

## Details of insured

Policy number		Claim number, if known	
Name of insured			
Address			
Phone number		Mobile number	
Fax number		Email address	

## GST details

Are you registered for GST purposes?		Yes	No
What is your ABN?		What is your Income Tax Credit (ITC) Entitlement	%

## Insured machine/motor vehicle details

Make & model		Year	
Serial/engine no		Rego number	
Registered owner			

## Loss details

Date of breakage	/ /	Time		Location	
Describe how the breakage occurred					
Where is the machine/motor vehicle currently located?		Post code			

## The windscreen

Has the windscreen been repaired/replaced?	Yes	No
If 'Yes', has the repair account been paid?	Yes	No
If 'Yes', please attach copy of Tax Invoice		
If 'No', have you found a repairer and has the repair been quoted?	Yes	No
If 'Yes', please attach Quote		
If 'No', would you like UAA's assistance in enlisting a repairer?	Yes	No

## Declaration

- I/We declare that the whole of the above information and answers given are true in every detail and no information has been withheld.
- I/We understand the claim may be refused if information is not true or is withheld.
- I/We declare that where this Claim Form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the Insured's duly authorised representative.

## Important

- Own damage - No repairs or alterations to the damaged plant/vehicle should be made until approved by this Company.
- Claims by other parties - No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

## Privacy

We are bound by the Privacy Act and its associated national privacy principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as Underwriters, Loss Assessors and other service providers. You can seek access to and if necessary collect your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals we rely on you to have made or make them aware that you will or may provide their information to use, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things you must tell us before you provide the relevant information.

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website [www.qbe.com](http://www.qbe.com) or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com).

Name	<input type="text"/>	
Position	<input type="text"/>	
Signature of insured	<input type="text" value="x"/>	Date <input type="text" value="/ /"/>

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Please submit this completed form to [GlassClaims@uaa.com.au](mailto:GlassClaims@uaa.com.au)