

**broken windscreens only**



Wesfarmers General Insurance Limited, ABN 24 000 036 279

**NB. This claim form is to be used for Broken Windscreens Only. If there is any other damage the company's ordinary motor vehicle claim form must be used.**

### 1. Client Details

Insured's name *(BLOCK letters - Please give full name)*  Age

Address  Postcode

Phone number (w)  Phone number (h)  Mobile number

"Comprehensive" Policy number  From *(dd/mm/yyyy)*  To *(dd/mm/yyyy)*

Driver's name  Driver's age

Licence number  Expiry date *(dd/mm/yyyy)*

### 2. Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

ABN, if applicable

Entitlement to an Input Tax Credit in respect of the

(i) insurance premium  % and; (ii) vehicle which is the subject of this claim  %

### 3. Particulars of Insured Vehicle

Make of vehicle  Model  Year

Engine number  Registered number

Date of breakage *(dd/mm/yyyy)*

**Was broken windscreen?** *(tick as appropriate)*

Zone toughened  Laminated  Tinted  Banded  Armour plate

**Was windscreen struck by stone?** Yes  No  If **No**, state cause

**NB.** *If these questions do not cover facts of incident please give general description overleaf.*

|     |   |  |  |
|-----|---|--|--|
| NSW | Lumley House, Level 9, 309 Kent Street, Sydney 2000<br>Suite 19, 50 Glebe Road, The Junction 2291 | Phone (02) 9248 1111<br>Phone (02) 4925 7500 | Fax (02) 9248 1122<br>Fax (02) 4940 0295 |
| VIC | Level 3, 99 King Street, Melbourne 3000   | Phone (03) 8627 4333                         | Fax (03) 8627 4312                       |
| ACT | Level 4, 10 Rudd Street, Canberra City 2601   | Phone (02) 6279 0333                         | Fax (02) 6279 0330                       |
| TAS | Level 11, 27 Paterson Street, Launceston 7250   | Phone (03) 6345 4700                         | Fax (03) 6345 4711                       |
| SA  | 465 Pulteney Street, Adelaide 5000  | Phone (08) 8228 1700                         | Fax (08) 8228 1777                       |
| WA  | Level 9, 50 St George's Terrace, Perth 6000   | Phone (08) 9220 8222                         | Fax (08) 9220 8251                       |
| QLD | Level 2, 99 Melbourne Street, South Brisbane 4101   | Phone (07) 3307 4800                         | Fax (07) 3307 4899                       |
|     | Level 5, Northtown Tower, Flinders Mall, Townsville 4810  | Phone (07) 4722 6000                         | Fax (07) 4724 4398                       |
| NT  | Level 2, Beagle House, 38 Mitchell Street, Darwin 0800  | Phone (08) 8946 4600                         | Fax (08) 8946 4666                       |

Lumley General is a trading name of Wesfarmers General Insurance Limited

## 4. Replacement Details

**On receipt of the account for replacement please: *(delete item not applicable)***

1. Pay the repairer direct
2. Forward your cheque to me/us

**IF WINDSCREEN HAS BEEN REPLACED, ATTACH RECEIPT OF ACCOUNT**

## 5. Complaints - Internal and External Complaints Procedure

If you do not agree with any decision we make in relation to your insurance, please write to us stating what you disagree with and why.

We will then either resolve or attempt to resolve your complaint immediately or refer the matter to Our Internal Dispute Resolution Committee (IDRC)

If you are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternate dispute resolution body, Financial Ombudsman Service (FOS), provided it falls within their jurisdiction.

### **Financial Ombudsman Service**

Freecall 1300 78 08 08

Post: GPO BOX 3, Melbourne Victoria 3001

Website: [www.fos.org.au](http://www.fos.org.au)

Email: [info@fos.org.au](mailto:info@fos.org.au)

## 6. Privacy

Lumley General respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at [www.lumley.com.au](http://www.lumley.com.au)

I/We declare that the above is a true statement of the facts and matters relating to this claim.

Signature

Date (dd/mm/yyyy)