



CGU Motor Fleet Glass Breakage Claim Form

The completion of this form and its receipt by us is not an indication that we accept any liability.

Please print in block letters and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet. The form should be completed and returned to us within 7 days of receipt by the insured. No repairs should be carried out without the approval of CGU Insurance. A copy of any quote for repairs should be included with this form.

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|--|--------------------------------------|------------------------------------|
| Your Policy no. 2 : 4 : F : : : : : : : : | Your cost centre (if applicable) | Your reference (if applicable) |
|--|--------------------------------------|------------------------------------|

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|--|--|-------------------------|
| Insured's details | | |
| Name of insured | | |
| Address | | |
| | | Postcode |
| Private telephone no. () | Business telephone no. () | Mobile |
| Name of business | | Contact name |
| Are you registered for G.S.T? No <input type="checkbox"/> Yes <input type="checkbox"/> | ▶ What is your Australian Business Number (ABN)? | : : : : : : : : : : : : |
| Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No <input type="checkbox"/> Yes <input type="checkbox"/> | | |
| What is your percentage entitlement? | | % |
| What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? | | % |

| | | |
|------------------------|------------------------|------------------|
| Vehicle details | | |
| Year of manufacture | Vehicle make and model | Registration no. |

| | | |
|--|-----------------------------------|----------|
| Driver's details | | |
| Driver or person last in charge of your vehicle: | | |
| Name | Date of birth | / / |
| Address | | |
| | | Postcode |
| Has the driver held a driver's licence for more than 2 years? No <input type="checkbox"/> Yes <input type="checkbox"/> | ▶ Expiry date of driver's licence | / / |

| | | |
|--|--|--|
| Damage details | | |
| Date of damage | / / | Time am/pm |
| Where did the damage occur? | Street | Town/suburb |
| What caused the damage? | | |
| Which glass was damaged? | Front windscreen <input type="checkbox"/> | Side window <input type="checkbox"/> Rear window <input type="checkbox"/> |
| Type of windscreen broken: | Armour plate safety glass <input type="checkbox"/> | Laminated glass <input type="checkbox"/> Laminated glass, bonded/tinted <input type="checkbox"/> |
| Has the windscreen been replaced? No <input type="checkbox"/> Yes <input type="checkbox"/> | ▶ By whom? | |
| Have you paid the repairer? No <input type="checkbox"/> Yes <input type="checkbox"/> | ▶ Estimated cost of replacement \$ | ▶ Please submit receipted amount. |
| Excess – Irrespective of the cause of the damage, and if a policy excess applies, the Excess should be paid direct to the repairer. | | |

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| Declaration | | |
| I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer. | | |
| I declare that the foregoing particulars are true in every respect | | |
| Signature of driver | Date | / / |
| The foregoing information is to the best of my knowledge and belief true in every respect. I hereby submit this information in support of my formal claim for indemnity under my Policy. | | |
| Signature of policyholder | Date | / / |