

Unique Car Insurance

A Division of Australian Underwriting Services Pty Ltd

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Motor Vehicle Windscreen Claim Form

Windscreen or Window Glass only

The issue of this Form is not an admission of liability

Very Important - Return form immediately with all questions answered clearly and fully**Insured Details**

Policy Number	<input type="text"/>	Due Date	<input type="text"/>
Name of Insured in full (as stated on policy)	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
City/Suburb	<input type="text"/>		

Vehicle Details

Make	<input type="text"/>	Year	<input type="text"/>	Reg. No.	<input type="text"/>
For what purpose is the vehicle generally used?	<input type="text"/>				
For what purpose was the vehicle being used at time of accident?	<input type="text"/>				

Driver Details

Full name of person driving car at time of accident?	<input type="text"/> Mr / Mrs / Ms / Miss					
Address	<input type="text"/>	Postcode	<input type="text"/>			
City/Suburb	<input type="text"/>	Date of Birth	<input type="text"/>			
Was he / she licenced to drive at time of accident?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Licence No.	<input type="text"/>	Expiry Date	<input type="text"/>			
Was the car being driven with your knowledge and consent?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date of accident	<input type="text"/>	Time	<input type="text"/> am/pm			
Where did the accident happen?	<input type="text"/>	City/Suburb	<input type="text"/>			
The cause of the breakage was	<input type="text"/>					
Which window glass was damaged?	<input type="text"/>					
What type of windscreen / window glass was damaged (ie toughened, laminated, tinted, etc)?	<input type="text"/>					
Have you paid repairer's account for replacement?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Declaration

I / We hereby declare that the foregoing particulars and the particulars appearing on the front of this Accident Report or annexed hereto are true, and further acknowledge that if I have made false or untrue statement suppression or concealment whatever relating to my claim my policy in respect thereof shall be null and void and my rights to recover thereunder absolutely forfeited. Further I / we undertake to do all that may be required of me/us to aid the Company in recovering compensation from the person(s) at fault, if any.

Witness	<input type="text"/>	Insured	<input type="text"/>
Driver	<input type="text"/>	Date	<input type="text"/>