



GARD

GARD INSURANCE PTY LTD TRADING AS
GARD BUS AND COACH INSURANCE
ABN 96 605 493 454 AFSL 479 125
L13, 227 Elizabeth St
Sydney NSW 2000

WINDSCREEN CLAIM FORM

Please return the completed form together with the repair account to claims@gardbusandcoach.com.au

POLICY DETAILS

Insured	<input type="text"/>		
Policy number	<input type="text"/>	ABN	<input type="text"/>
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to this policy?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', will you be claiming an amount less than 100%?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What percentage will you be claiming?	<input type="text"/>	%	
Contact name	<input type="text"/>		
Contact number	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Broker contact	<input type="text"/>		

VEHICLE DETAILS

Year	<input type="text"/>	Make and model	<input type="text"/>				
Vehicle ID (VIN/Chassis No/Engine No)	<input type="text"/>						
Registration number	<input type="text"/>	Registered owner	<input type="text"/>				
Type of windscreen fitted at time of accident							
Laminated	<input type="checkbox"/>	Plain	<input type="checkbox"/>	Full tint	<input type="checkbox"/>	Banded tint	<input type="checkbox"/>

BREAKAGE DETAILS

Date of breakage	<input type="text"/>	Time of breakage	<input type="text"/>			
Type of damage	Chipped	<input type="checkbox"/>	Shattered	<input type="checkbox"/>	Cracked	<input type="checkbox"/>

Location of damage:

Windscreen Driver's window Passenger window Rear window
Rear window RH side Rear window LH side Other (Please specify)

Please describe how the breakage occurred

Has the windscreen / window been fixed? Yes No

If 'yes', who did the repairs / replacement?

What was the cost of repairing / replacing the windscreen / window?

Have you paid for the repair / replacement? Yes Attach tax invoice No Attach quote

IMPORTANT INFORMATION

AGENT OF THE INSURERS

In issuing this policy, GARD Insurance Pty Ltd (GARD) will be acting under an authority given to it by the insurers. This means that when issuing this policy or dealing with or settling any claims, GARD will be acting as an agent for the insurers not for you. You should contact your broker in the first instance in relation to this

COMPLAINTS AND DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you, please contact us using the details contained in your policy and tell us about your complaint. We have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with you have the right to refer the matter to our external disputes resolution service. We will provide information about this service including contact information when you lodge your complaint with us or at any time upon your request

GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from

PRIVACY NOTICE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to the collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not agree to provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs

A copy of our Privacy Policy is located on our website at https://gardinsurance.com.au/landing/files/GARD-Privacy-Policy-03_2019.pdf

A copy of the insurer's Privacy Policy is located on our website at <https://gardinsurance.com.au/lloyds>

Please access and read these documents

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask your broker. If you wish to access your file, please ask us

DECLARATION AND AUTHORISATION

I declare that the information and answers given on this claim form and in any supporting documentation is true in every detail and no information likely to affect the assessment of the claim has been withheld or misrepresented

I have read and understood the Privacy Notice on this form and consent to the collection, use, storage and disclosure of any personal and sensitive information for the purpose of processing the claim. I understand that if I choose not to provide the required details GARD Insurance Pty Ltd, the insurer(s), or its agent may not be able to process the claim

Where there is more than one Insured included on this form, I confirm that I am authorised to sign for and on behalf of the other Insured(s)

Insured's signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Position	<input type="text"/>