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Broken Windscreens Only

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Comprehensive Policy Number From To

Insured's Name Insured's Age

Street Address Postcode

Insured's Phone Insured's Email

Driver's Name Driver's Age

Driver's Licence Expiry Date

Make of Vehicle Model Year

Engine Number Rego Date of Breakage

Was the broken windscreen treated? (please check all that apply) Tinted Zone Toughened
Laminated Amour Plate Banded Other

Was the windscreen struck by a stone? Yes No If not, state cause

To ensure you do not incur any unnecessary GST liabilities on this claim please complete the following;

a) Australian Business Number (ABN) if applicable

b) entitlement to input tax credit in respect of the insurance premium % and the vehicle %

On receipt of the account for replacement please pay the repairer direct OR forward cheque to me/us.
If the windscreen has already been replaced please attach your account receipt.

If these questions do not cover all the facts of the accident please attach supporting documentation.
I declare that the above is a true statement of the facts and all matters relating to this claim.

Insured's Signature _____ Date _____

Privacy Statement The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims. When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law. Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us. You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Electronic Funds Transfer Authority

Section 1

Name (of policy holder)

Title: Mr. Mrs. Miss Company

Name: _____

Section 2

Bank Account Details

BSB number (all 6 digits are required here)

Account Number

Nominated account name: _____

Bank, Credit Union, Building Society name: _____

Branch: _____

Section 3

Declaration

I hereby authorise my Insurer to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account.

Signature if individual: _____ **Date:** _____

Signature if Company: _____ **Date:** _____

Print Name: _____

RESET

SAVE

PRINT

SUBMIT

Please click submit to send the form electronically. You will then have to select desktop email or webmail. If you use Microsoft Outlook or similar select desktop mail and a new email will automatically open with the completed PDF attached, then click send.