



Aviso Integral

Insurance Services

An Aviso Group Partner

Windscreen Claim Form

Claims@avisointegral.com.au

Policy Number

Date

Your Claim Reference

For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number

E-mail

Address

Suburb

Post Code

State or Territory

ACT NSW NT QLD SA TAS VIC WA

Are you registered for GST purposes?

No Yes

What is your ABN?

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes

Specify the percentage to be claimed

 %

Insured Vehicle Details

Year

Make

Model

Registration Number

Vehicle ID

Can include Vin, Chassis Serial or Engine Number

Type of Windscreen

Laminated Plain Full Tint Banded Tint

The Breakage

Date of Breakage

Time of Breakage

Location of breakage

Describe how the breakage occurred – was the windscreen struck by a stone? Yes No

Type of Damage

Shattered Bulls eye Cracked

Windscreen Details

Has windscreen been repaired/replaced?

No Yes

Type

Laminated Plain Full Tint Banded Tint

If Yes, Name of Repairer

Address

Has repair account been paid? No Yes If yes, please forward invoice and provide bank account details

If No, Would you like us to arrange O'Brien Glass to contact you? No Yes

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

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O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



Driver Details

Drivers Full Name

Drivers Address

Drivers Contact Number

Drivers Date of Birth

Relationship to the insured

Insured – Owner/Driver

Employee

Contract/Casual Driver

Relative

Other

Was this person driving/operating with the insured's knowledge and consent?

Yes

No

Drivers Licence Number

Licence Expiry Date

State of Issue

Select...

Class of Licence

C – Car

R- Rider

LR – Light Rigid

MR – Medium Rigid

HR – Heavy Rigid

HC – Heavy Combo

MC – Multi Combo

Other

How long has the driver been licenced to drive this class of vehicle in Australia?

Years of experience driving this class of vehicle?

Has the driver's licence ever been cancelled or suspended (in the last 5 years)?

No

Yes

If yes please provide details

Did the driver drink any alcohol, or take any drugs, or medication in the 12 hours prior to the accident?

No

Yes

What did the driver drink, or what drugs or medication did the driver take?

Details for EFT payment

Bank

Account Name

BSB

Account Number

Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view.



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Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.

The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date

Email

Print

Save

Reset

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