



Local Community
Insurance Services

1300 853 800

insurance@lcis.com.au

localcommunityinsurance.com.au

WINDSCREEN CLAIM FORM

Please complete and send to insurance@lcis.com.au or Post to GPO Box 1693 Adelaide SA 5001

Notes:

1. The issue of this form does not constitute an admission of liability on the part of the insurer.
2. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
3. Any communication received must be forwarded to LCIS immediately.
4. Do not admit liability.
5. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

Important Note: *The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.*

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END

Insurer:		Policy No:	
Client ID/ Quote No:		Excess:	
INSURED'S DETAILS (The issues of this form is not an admission of liability)			
Name of Insured:			
Street Address:			
Suburb:			
State:		Postcode	
Telephone No.		Mobile No.	
Email Address:		Fax No.	
Are you registered for GST purposes?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, what is your Australian Business Number (ABN)?			
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)			%
<i>NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.</i>			

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT

Cheque – If you selected cheque, nominate payee

Direct payment – If you have selected direct payment please supply the following information (alternatively supply a deposit slip noting the following information)

Bank:

Account Name:

Branch Number:

Account Number:

VEHICLE DETAILS

Year:

Make:

Model:

Registration:

Describe briefly the damage sustained to your windscreen/glass as a result of the accident.

ACCIDENT DETAILS

Date of Incident:

/ /

Time:

:

AM

PM

Brief description of accident:

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Bank:

Account Name:

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Account Number:

JLT COLLECTION STATEMENT

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions Pty Ltd (JLT) (ABN 69 009 098 864 AFS Licence No: 226827) (JLT) and is a business of Marsh McLennan.

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we, JLT Risk Solutions Pty Ltd and our subsidiaries and related entities (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for any of the following purposes (depending on your requirements):
 - o approaching the (re)insurance market;
 - o placing insurance or providing alternative coverage;
 - o assessing and advising you on your insurance or coverage needs;
 - o providing claims handling or risk management services;
 - o providing you with information about other JLT products or services; and
 - o administering payments to you.
- If you are proposing for or renewing insurance, the information you disclose within this document is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.
- Your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed on our website (<https://www.jltpublicsector.com/privacy-policy.html>).

For further information contact your account executive or our Privacy Officer at the following address:

JLT Risk Solutions Pty Ltd

Level 19, One International Towers, 100 Barangaroo Avenue

Sydney NSW 2000

Email: privacy.australia@marsh.com

Phone: (02) 8864 7688

SIGNATURE & DECLARATION

I/we do hereby declare that the foregoing answers are true and correct, that I/we have in no manner caused the said incident by any fraud or willful misrepresentation sought unjustly to benefit by the said incident and that the information detailed above is a true and faithful account of the actual incident.

No information likely to affect the acceptance of this claim has been withheld.

I/We understand that this claim may be refused if any information is false, or inaccurate or concealed.

I/we the undersigned hereby acknowledge and agree to the information contained herein (including our personal information), being used as outlined with the attached collection statement.

Policy Holders Name:		Driver's Name	
Signature:		Signature:	
Dated:	/ /	Dated:	/ /

PLEASE CHECK THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM

PLEASE RETURN THIS FORM TO:

Local Community Insurance Services

GPO Box 1693 Adelaide, SA 5001 or **EMAIL TO: insurance@lcis.com.au**

Should you have any questions please contact the LCIS team on 1300 853 800.



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