



Hail Damage Claim

The issue and acceptance of this form does not constitute an admission of liability on the part of the insurer or its agent.

Ryno Insurance Services, a specialist division of East West Insurance Brokers Pty Ltd, ABN 83 010 630 092, AFSL No: 230041, 19 Rosedale Street, Coopers Plains. Qld. 4106. Phone: 1300 650 670 Fax: 07 3344 2448.

Policy Number	
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Claim Number	
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Please complete all sections.

Insured Details										
Owners Name (Block Letters)	Surname				Given Name(s)					
Postal Address							State	Postcode		
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?							
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?						
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Specify amount claimed			%			
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?						
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Specify amount claimed			%			
Contact Numbers	Business	()				Private	()			
	Facsimile	()				Mobile				

Insured Vehicle Details										
Make of Vehicle					Year	/	/	Registered No.		
Model							Colour			
Registered Owner										
Address							State	Postcode		
Do you owe money on your vehicle?	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Give details						
Name of Lender					Account Number					
Address							State	Postcode		

Damage Details									
How did the damage occur?									
When did the damage occur?									
					Date	/	/	Time	am/pm
SKETCH DIAGRAM									
Shade in damage to vehicle.									

Privacy

Ryno Insurance Services provides full details of how we manage and use your personal details, either on our website or in our Product Disclosure Statements. You can obtain a copy from our website at www.rynoinsurance.com.au or call us on 1300 650 670 to request a copy.

Our Complaints and Disputes Policy

If you have a complaint about how we handle your claim, please contact us. We have an internal dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your complaint, you may contact the insurer. The insurer/s subscribe to the Financial Ombudsman Service www.financialombudsman.com.au which is an external disputes facility and a free service to you. Also see our complaints handling procedures at www.rynoinsurance.com.au

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or is withheld.
2. I/We authorise Ryno Insurance to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.

Date

Signature of Insured 2.

Date

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM, AND RETURN IT TO RYNO INSURANCE SERVICES 19 Rosedale Street, Coopers Plains Qld 4108. Fax 07 3344 2448, or claims@rynoinsurance.com.au, or as requested in attached correspondence.

IMPORTANT NOTE:- Ryno Insurance Services acts under a binding authority given to it by the insurer/s to arrange, issue and administer policies. Additionally, for those policies insured by Lloyd's, Ryno Insurance Services also settle claims on behalf of that insurer. When acting under such authorities, Ryno Insurance Services acts on behalf of the insurer/s and not for you. Please refer to your Product Disclosure Statement and Policy or call us for more information.