



AUTHORITY TO PROCEED WITH INSURANCE REPAIRS

Dear Policy holder,

Your Insurance Company have confirmed that Insuraplex are to undertake reinstatement and or emergency works due to your recent insurance claim.

If you have any questions or concerns please refer to our “frequently asked questions” below or call our office on (03) 9337 7884.

Prior to commencing these works we require your signature below. Please refer to our website, www.insuraplex.com.au for our Insuraplex “client terms and conditions”.

Sometimes insurers require Insuraplex to collect your excess for your claim; we will advise if this is the case in the near future.

By signing the below you are authorising Insuraplex to act on your behalf as an “agent” for local council and obtaining permit documentations etc.

ADDRESS

CLAIM NUMBER

INSURANCE COMPANY DETAILS

INSURANCE ADJUSTER DETAILS

DESCRIPTION OF WORKS REQUIRED

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SIGNATURE OF INSURED NAME

SIGNATURE OF WITNESS NAME

DATE

Please return correspondence to our office via the following methods:

Email: office@insuraplex.com.au (a scanned copy or a photo is fine)

Post: Factory 39, 140-148 Chesterville Road, Cheltenham Vic 3192

In person – Pass onto your site contact

Yours Sincerely,
Your Insuraplex team