



**Insuret Pty Ltd**

**ABN 42 126 793 379**

PO Box 779

Spring Hill, Qld 4004

Call 07 3239 7000

Fax 07 3239 7001

[www.insuret.com.au](http://www.insuret.com.au)

## Instant Windscreens CLAIM FORM

Insured/ Policy name: \_\_\_\_\_

Policy No: \_\_\_\_\_

Date of Breakage: \_\_\_\_\_

Registration No: \_\_\_\_\_

Glass Broken\* (please tick)

- Front Windscreen**
- Rear Windscreen**
- Canopy**
- Left hand side window**
- Right hand side window**

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Suburb & State: \_\_\_\_\_

Along with this claim form please provide an image of the damage and forward through to [claims@insuret.com.au](mailto:claims@insuret.com.au) \*\* claim lodgement will only be completed with images\*\*\*

**\*Please note an excess maybe applicable based on your policy conditions**

Once approved, Instant Windscreens will phone the noted contact direct to organise repairs.

Once completed the invoice will be sent direct to Insuret for payment.

### **Insuret Claims Department contact information**

Call: 07 3239 7000

Fax: 07 3239 7001

Email: [claims@insuret.com.au](mailto:claims@insuret.com.au)