CLAIM FORM

MABLE LIABILITY CLAIM: INJURY TO ANOTHER PERSON

POLICY NUMBER	INSURED	CLAIMS MANAGER	SEND TO
408959DAA	**Mable Holdings Pty Ltd**	**DWF Claims**	**mable.aus@hmdi.com.au**

Before you start

Use this form if your CLIENT or another person was injured, and they say it was your fault.

If YOU were injured, do not use this form. Use the Mable Personal Accident Claim form.

You must report the incident to Mable first, using the Mable incident report. You will need the incident report number for this form.

There is a $100 excess applicable to the policy. It must be paid to trigger the policy and is the responsibility of the Support Worker.

Do not admit fault or promise to pay anything. Let the insurer deal with it.

Use simple words. Short answers are fine. If a question does not apply to you, write N/A.

The grey notes under each question explain what it means.

1. ABOUT YOU

Your own details. We use these to contact you about your claim.

Your full name
Your name as it is on your Mable profile.

Date of birth
Day, month and year. For example 03/07/1985.

Home address
Your street address, suburb, state and postcode.

Mobile phone
The best number to call you on.

Email address
We will send updates about your claim to this email.

Your ABN
Your Australian Business Number. You will find it on your Mable profile.

Name of your Mable client
The person you were supporting when this happened.

Please list all activities you have been approved to undertake through the Mable platform
This information is available in your Mable user profile. If you are unsure, please contact Mable to request it.

2. THE INJURED PERSON

Details of the person who was hurt.

Name of the injured person
Often this is your client.

Who are they?
Tell us how they are connected to you.
My Mable client My client's family member Someone else

Their address
Street address, suburb, state and postcode.

Their phone number

What injuries did they sustain?
For example: bruised arm, cut on the head.

Did they see a doctor or go to hospital? If yes, where
Tell us the doctor, clinic or hospital name.
Yes No

If yes, please give details

3. WHAT HAPPENED

Tell us what happened in your own words. Simple words are fine.

Mable incident report number
REQUIRED: WE CANNOT LODGE YOUR CLAIM WITHOUT THIS

Date it happened
Day, month and year. For example 03/07/2026.

Time it happened
Write the time, for example 3:30, then tick AM (morning) or PM (afternoon or night).
AM PM

Address where it happened
Street address, suburb, state and postcode.

What were you doing for your client at the time?
For example: helping with shopping, personal care, cleaning.

What happened? Tell us step by step
For example: I was helping my client walk to the car. She tripped on the footpath and fell.

Has the injured person or their family said you are responsible? Yes No
Tell us what they said or wrote, and when. Ask them to complete the HMD Letter of Demand form.

If yes, please give details

Were there any witnesses? If so, please provide their name, phone number and how they know you Yes No
A witness is anyone who saw what happened. This can be your client, a family member, another support worker or anyone else who was there.

If yes, please give details

4. DOCUMENTS CHECKLIST

Tick each document you are sending with this form. Missing documents are the main reason claims are delayed.

I have attached
Tick each one you are sending. If you cannot get a document, tell us why in the box below.

- Letter of demand from the injured person or their family (the HMD Letter of Demand form, or their own letter or email)
- Medical reports or bills (if you have them)
- Photos of the place where it happened
- Notes of any conversations about the incident

If any document is missing, tell us why

5. DECLARATION, SIGNATURE AND SENDING

Your promise that the information is true. Please sign and date.

I declare that the information in this form is true and complete, and that I have not left out anything relevant to this claim. I agree that HMD Insurance, DWF Claims and the insurers may use and share my information to assess and manage this claim, and may ask Mable, doctors, my client and others for information about it.

If I have given information about another person, such as my client, they know I have given it.

Your full name

Signature

Date

How to send this form

Email this form and your documents to mable.aus@hmdi.com.au. HMD will send it to the claims manager, DWF Claims.

Before you send it, check that you have answered every question, included your Mable incident report number, ticked the documents you attached, and signed the form.

What happens next: HMD checks with Mable that you were doing approved work at the time. This can take up to 5 business days. The claims manager will then contact you within 10 business days.

Questions? Call HMD on 1300 622 531 or email mable.aus@hmdi.com.au.