# CLAIM FORM

## MABLE LIABILITY CLAIM: DAMAGE TO PROPERTY

| 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 you damaged your CLIENT's property, or someone else's property, while doing approved Mable work.

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.

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 PROPERTY

*Details of what was damaged and who owns it.*

What was damaged?
*For example: television, glass table, bathroom tiles.*

Who owns it?
*Usually your client. Give their name.*

Owner's address
*Street address, suburb, state and postcode.*

Owner's phone number

Cost to repair or replace it
*From the repair quote or invoice. If you do not have it yet, leave blank.*
$

## 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: cleaning the kitchen, helping with laundry.*

How did the damage happen? Tell us step by step
*For example: I was cleaning the TV screen. The TV fell off the stand and the screen broke.*

Has the owner asked you to pay for the damage? 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 owner (the HMD Letter of Demand form, or their own letter or email)
- Repair quote or invoice (must be more than $100)
- Photos of the damage
- Notes of any conversations about the damage

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, 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. 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.

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.