CLAIM FORM

MABLE MOTOR VEHICLE EXCESS CLAIM

POLICY NUMBER	INSURED	CLAIMS MANAGER	SEND TO
A14110DAA	**Mable Holdings Pty Ltd**	**CSN**	**mable.aus@hmdi.com.au**

Before you start

Use this form to claim back the excess you paid on your own car insurance after an accident while doing approved Mable work.

Your car must have had comprehensive cover at the time of the accident.

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

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.

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

Mobile phone
The best number to call you on.

Other phone number (optional)

Your occupation
For example: support worker, disability support worker, aged care worker.

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. YOUR BANK DETAILS

Where the claims manager will pay the excess back to you.

Name on the bank account
Must be your name.

BSB (6 numbers)	Account number	Bank

3. YOUR CAR INSURANCE

Details of your own car insurance policy. You will find these on your policy schedule.

Your car insurer
The company that insures your car. For example: NRMA, AAMI, RACV, Budget Direct.

Your car insurance policy number
This is on your policy schedule or renewal notice.

Level of cover
Comprehensive cover pays for damage to your own car. Your policy schedule shows the level of cover.

Comprehensive
Third party fire and theft
Third party property only

Excess you paid
The amount your car insurer asked you to pay before they paid the claim. It is on your claim letter or receipt.

$

Total cost of the repairs
The full repair cost from the repair invoice or quote.

$

4. THE ACCIDENT

Tell us what happened. 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.

How did the accident happen? Tell us step by step
For example: I was driving my client to the doctor. A car pulled out of a driveway and hit my front door.

Were there any witnesses? If so, please provide their name, address and phone number
A witness is anyone who saw what happened. This can be your client, another driver, or anyone else who was there.

Yes No

If yes, please give details

5. 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.

- Proof you paid the excess to your car insurer (receipt, invoice or claim letter)
- Copy of your policy schedule showing comprehensive cover was in place at the time of the accident
- Repair invoice for the repairs (needed if the repair cost is below the $1,000 excess)

If any document is missing, tell us why

6. 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, Corporate Services Network (CSN) and the insurers may use and share my information to assess and manage this claim, and may ask Mable, my client, my car insurer 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, CSN.

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.