CLAIM FORM

MABLE PERSONAL ACCIDENT 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 if YOU were injured in an accident while doing approved Mable work and you cannot work because of the injury.
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. WHAT THIS POLICY COVERS

Please read this before you complete the form.

This is accident and injury cover only. It pays for injuries caused by an accident while you are doing approved Mable work. There is NO cover for sickness or illness, and medical expenses are NOT covered.

2. 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.

3. WHAT YOU ARE CLAIMING FOR

Tick what you want the policy to pay.

I am claiming for
Lost income is paid weekly after a waiting period. A lump sum is only for serious permanent injuries listed in the policy. Medical expenses are not covered.

- Lost income while I cannot work because of the injury
- Permanent injury or loss (lump sum)

4. YOUR BANK DETAILS

Where the claims manager will pay any benefits.

Name on the bank account
Must be your name.

BSB (6 numbers)	Account number	Bank

5. 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.

What happened? Tell us step by step
For example: I was helping my client into the shower. I slipped on the wet floor and fell on my right wrist.

What injuries did you sustain?
For example: broken right wrist, bruised hip.

Were there any witnesses? If so, please provide their name, phone number and how they know you
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.

Yes No

If yes, please give details

Have you had the same or a similar injury before?
Tell us even if it was a long time ago.

Yes No

If yes, please give details

In the 24 hours before the accident, did you drink alcohol or take any drugs?
Include medicines that can make you drowsy.

Yes No

If yes, please give details

6. YOUR DOCTOR AND TREATMENT

Who is treating your injury. The claims manager may contact them.

This is NOT a Workers Compensation policy. It is a Personal Accident policy. Please make sure your doctor knows this, so you are not charged an out of pocket amount incorrectly.

Date you stopped work	Date you first saw a doctor	Did you go to hospital? (yes or no)

Doctors who treated you
Include your regular doctor (GP) and any other doctor who treated this injury.

Doctor's name	Clinic name and address	Phone

How are you now?
Choose the one that is true today.

Back at work
Working fewer hours
Not able to work

Date you went back to work, or expect to go back
Your best guess is fine.

7. YOUR INCOME

We need proof of what you earned so the claims manager can work out your weekly payment.

Your average weekly earnings from support work in the last 12 months (before tax)
Add up what you earned in the last 12 months and divide by 52. Your Mable earnings statement shows this.

$

Do you have another job as well as Mable work? If yes, give the employer's name and your weekly pay
Income from another job may also count. Your employer may need to confirm it.

Yes No

If yes, please give details

You can download a statement from your Mable profile that shows your weekly payments. Any work outside Mable must also be supported with relevant documents, such as payslips, invoices or your latest tax return.

8. OTHER CLAIMS

Other insurance may also pay for this injury. We need to know so the claim is handled correctly.

Have you claimed, or can you claim, workers compensation for this injury? Yes No
Usually only if you also work for an employer.

If yes, please give details

Was this a car accident? If yes, have you made a CTP claim? Yes No
If you were hurt in a car accident, you may also be able to claim on the CTP (green slip) insurance of the vehicle at fault.

If yes, please give details

Do you have income protection insurance, including through your super fund? Yes No
Many super funds include income protection. Check your super statement.

If yes, please give details

9. 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.

- Doctor's statement (last part of this form, completed by your doctor)
- Medical certificate
- Mable statement of your weekly payments for the last 12 months
- Proof of any income outside Mable
- Photos (if any)

If any document is missing, tell us why

10. 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, 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, 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.

11. DOCTOR'S STATEMENT (FOR YOUR DOCTOR TO COMPLETE)

Ask your doctor to fill in this part. They may charge a fee.

Doctor: this is NOT a Workers Compensation claim. It is a claim under a Personal Accident policy held for Mable support workers. Please do not bill it as a Workers Compensation consultation. The patient is responsible for any fee.

Patient's name	Date of birth

Diagnosis (for a fracture, describe the type and location)

Cause of the injury

Date injury occurred	Date patient first consulted you	Date of next consultation

In your opinion, is the injury consistent with the patient's account of how it happened? Yes No

If yes, please give details

Is any other injury or illness contributing to this condition? Yes No

If yes, please give details

Has the patient had the same or a similar condition before? If yes, when and what diagnosis Yes No

If yes, please give details

Has surgery been done or is it planned? If yes, give date and hospital Yes No

If yes, please give details

Treatment given to date (attach reports or scans if relevant)

Is the patient able to work?

Totally unable to work
Able to do part of their work
Back at full work

Expected period of disability

Totally disabled from	To	Partly disabled from	To

Doctor's name and qualifications	Practice address	Phone

Signature

Date