P: 02 9000 6100
E: claims@cloverclaims.com.au

Claim Form

Before you start

Please complete as much information as possible and attach any supporting documents available, including photographs, repair quotes, invoices or official reports. Providing this information may assist in reducing delays during claim assessment.

1. Policyholder Information

Full Legal Name

Mailing Address

City	State	Postcode

Home Phone	Mobile Phone	Email Address

Property Address (if different from above)

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1.1. Policy Information

Insurer / Underwriter

Policy Number

Policy Period — Start

Policy Period — End

Named Insured(s)

Mortgagee / Lienholder (if any)

Loan Number

1.2. Broker Information

Broker Name

Reference Number

Brokerage

Contact Person

Phone Number

Email Address

2. Loss Details

Date of Loss

Time of Loss

Date Discovered

Type of Loss

☐ Accidental Damage ☐ Fire ☐ Smoke ☐ Water / Pipe Burst ☐ Wind / Hail ☐ Theft ☐ Vandalism

☐ Lightning ☐ Falling Object ☐ Flood ☐ Freezing ☐ Liability / Injury ☐ Business Interruption

☐ Vehicle Impact ☐ Mechanical Breakdown/Failure ☐ Other

If "Other," specify

Location of Loss

Tell Us What Happened

2.1. Damage & Property Details

What was damaged? (Tick all that apply)

Skip this section if you are claiming contents only.

Building

- ☐ Main Home
- ☐ Building
- ☐ Garage
- ☐ Shed
- ☐ Fence
- ☐ Pergola / Deck
- ☐ Loss of Use / Temporary Accommodation or Location Required
- ☐ Other Structure - please specify below:

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Contents

- [ ] Furniture
- [ ] Appliances
- [ ] Clothing
- [ ] Electronics
- [ ] Stock / Customer Goods
- [ ] Other Contents - please specify below:

Description of Damaged / Lost Property

Estimated Total Loss ($)

$

Have any temporary or emergency repairs been completed?

- [ ] Yes
- [ ] No

Is the property safe to live in? (OneHome Only)

- [ ] Yes
- [ ] No

Supporting Documents

Please tick all supporting documents attached to this claim:

- [ ] Photographs / Videos
- [ ] Receipts / Proof of Value
- [ ] Repair Estimate(s) / Quote(s)
- [ ] Police Report
- [ ] Fire Report
- [ ] Emergency Repair Invoices(s)
- [ ] Contents/Stock List

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3. Police, Fire, or Other Official Report

☐ Police Report Filed ☐ Fire Department Report Filed ☐ No Report Filed

Reporting Agency	Report / Case Number	Officer / Inspector Name

4. Other Insurance

☐ Yes — other insurance applies ☐ No

Other Insurance Company	Policy Number

5. Witnesses / Additional Parties

Any witnesses or other parties involved?

☐ Yes ☐ No

If yes, please complete below:

Name	Phone Number	Relationship to Incident
Name	**Phone Number**	**Relationship to Incident**

6. Contractor / Repair Contact

Contractor / Company Name

Phone Number

License Number

Estimated Repair Cost ($)

7. Contact Method & Payment

Preferred Contact Method

☐ Phone ☐ Email ☐ Mail

Preferred Payment Method

☐ Direct Deposit ☐ Payable to Mortgagee/Insured Jointly

Bank Name (if direct deposit)

Account Holder Name

BSB Number

Account Number

8. Certification & Signature

I certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand that any material misrepresentation, false statement, or omission may result in denial of this claim and may constitute insurance fraud, subject to civil and criminal penalties under applicable law.

Signature of Policyholder	Date

Signature of Co-Insured (if applicable)	Date

9. Contact Us

If you require assistance completing this claim form or have questions about the information requested, please contact Clover Claims before submitting your claim. A claims team member can help explain what is required and guide you through the next steps.

For assistance regarding your policy, please contact your broker or Clover Claims and quote your policy number, and the name of the policyholder. If your matter is urgent or there is an immediate safety concern, please arrange emergency assistance first and notify Clover Claims as soon as practicable.

Clover Claims
Phone: 02 9000 6100
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Clover Insurance
Phone: 02 9000 6100
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