



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)



Clover Claims Pty Ltd
ABN: 91 697 819 711
Level 14, 20 Hunter Street
Sydney NSW 2000



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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



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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:
-



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



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





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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



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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

Email: claims@cloverclaims.com.au

Clover Insurance

Phone: 02 9000 6100

Email: underwriting@cloverinsure.com.au



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