

HOME AND CONTENTS INSURANCE CLAIM FORM



When completing this form you need to be honest, accurate and truthful in your answers. We may reduce or refuse to pay a claim if you have not answered our questions in this way. By completing this form you are confirming that you have read Hollard's Privacy Policy available online at hollard.com.au. If any of the following questions are not relevant, please mark the box with N/A. If the space provided is insufficient to capture any of your responses, please attach additional pages as required.

YOUR DETAILS

Name of insured	Policy number	
<input type="text"/>	<input type="text"/>	
Name of broker		
<input type="text"/>		
Address of insured		
<input type="text"/>		
		State
		Postcode
Phone: Mobile	Home	Work
<input type="text"/>	(<input type="text"/>)	(<input type="text"/>)
Email details		
<input type="text"/>		
Nominate the main contact for the claim		
<input type="text"/>		

INCIDENT DETAILS

Date the incident occurred	Time the incident occurred
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="HH : MM"/>
Please tell us in detail what happened	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Describe or list what has been damaged or lost	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Has your home been made secure?	
<input type="text"/>	
Was the incident reported to the police?	
<input type="text"/>	

Please email your completed claim form to claims@hollardinsurance.com.au or fax to 02 9253 6697

Once your claim form has been received, a member of our claims team will contact you for further information to discuss your claim.