



Infrastructure Central

HOP INSURANCE CLAIM FORM

Name: _____

Address: _____

Phone: _____

Payroll #: _____

Please advise Description of claim

Item	Brief explanation of Problem
<i>Example: Hot Water System</i>	<i>(based on qualified repairer's report)</i>

You must attach an itemised invoice and written explanation of what caused the problem from the qualified repairer. If this is not supplied your claim will not be able to be processed.



Infrastructure Central

Please supply us with the following information

Is this the first insurance claim you have made? Yes No

If no, please provide details of last claim - year and brief description of problem:

Four horizontal lines for providing details of the last claim.

DECLARATION

I declare the information provided above is true and accurate.

Signature: _____

Date: _____

LOCAL OFFICE USE ONLY		DAMPIER OFFICE USE ONLY	
Date received		Date processed	
By (name)		Employee Code	
		TAS updated	
<i>Please ensure copy placed on property file</i>			