



Infrastructure Central

HOP AIR CONDITIONER INSURANCE CLAIM FORM

Name: _____

HOP Address: _____

Phone: _____

Payroll #: _____

Please provide us with a brief description of the problem, based on the qualified repairers report:

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. Approved amount will be included in your next pay.

PROPERTY MANAGEMENT
DAMPIER OFFICE
PO Box 21, 6713
Helpdesk Ph: 1800 992 777
Fax: 9143 5219



Infrastructure Central

History

Is this the first air-conditioner claim you have made? Yes No

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

DECLARATION

I declare the information provided above is true and accurate. I understand that the money paid to me is for me to pay the contractor directly, along with any other monies due but not insured by Pilbara Iron.

Signature: _____ Date: _____

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