

HBF Home & Contents Insurance Fence Claim Questionnaire



1

DETAILS OF INSURED

Surname

Given Name/s

Policy/Claim number

Permanent Postal Address

Email

Home Phone

Mobile

2

DETAILS OF LOSS/DAMAGE

Date of Damage Time of Damage : am pm

Address of premises at which damage occurred

Type of Event i.e. storm, malicious act etc

Description of how damage occurred (If malicious damage, please supply Police Report No)

Please indicate "xxx" on below the position and extent of fence damage in relation to house

A diagram of a house with a gabled roof and a garage. The word 'REAR' is written above the house, and 'FRONT' is written below the house. The house is shown from a perspective that allows for identifying the front and rear sides.

3

DETAILS OF FENCE

Type of Fence i.e. hardifence, colourbond etc

Approximate age of fence (if known)

Condition of fence prior to claim

Approximate length of damaged portion of fence

Approximate length of entire fence

Is fence shared with neighbour? Yes No If yes, Neighbour's name

Neighbour's Address

Contact Phone Number

Neighbour's Insurance Company

Estimated cost of repair (please attach quote)

PLEASE TURN OVER

4 PARTICULARS OF VEHICLE OR PROPERTY INVOLVED IF IMPACT DAMAGED
 (These details must be obtained before submitting your claim – failure to do so may delay settlement)

Make	Model	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name		Phone Number
<input type="text"/>		<input type="text"/>
Driver's Name		Phone Number
<input type="text"/>		<input type="text"/>
Driver's Address		Postcode
<input type="text"/>		<input type="text"/>
Is the vehicle insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Company	<input type="text"/>
Third Party Policy Number	Third Party Claim Number	
<input type="text"/>	<input type="text"/>	
Independent Witnesses (please provide names and telephone number)		
Name and Address		Phone Number
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

5 PAST HISTORY

In the past five years have you experienced any similar loss or damage or have you made any claims under any home or contents insurance policy? Yes No

If you answered yes to the above question, please provide further information (e.g. date(s), details of your loss or damage)

6 DECLARATION

I/We declare that:

- The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
- HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
- HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
- HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
- I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Policyholder

Date