# Hollard.

### Faster claims process guide

August 2024

# Thank you for taking the time to learn more about our Hollard Broker Portal and faster claims process.

Our broker portal has many benefits, including:

- ✓ Allowing you to lodge a claim at a time that best suits you
- ✓ Drafts can be saved, and resumed, as needed
- Claim numbers are provided instantly upon submission of a claim
- The ability to create and view notes, and upload documents
- ✓ Payments are visible for brokers to see
- Service providers are visible upon allocation





### Accessing the Hollard Broker Portal.



#### Hollard.

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More information required

Your organization needs more information to keep your account secure

Use a different account

Learn more

#### Step one

Check your inbox (and spam folder, if needed) for an invitation from *Microsoft Invitations on behalf of Hollard Insurance* (invites@microsoft.com) and click **Accept invitation**.

It won't look like a normal Hollard email, but we promise it is from us!

### Step two

Once you've entered your email address and password (the same one you use to access your work computer or email), you'll be directed to a page that looks like this.

Click on Next to start setting up multifactor authentication (MFA).





### **Step three**

Add in your mobile number and decide if you'd prefer to have your account verified by text message or phone call, and click on **Next**.

Note: the phone call will not have a real person on the other end.

### **Step four**

Enter the verification code you receive, via text or call, and click **Verify**.

If your session times out, refresh the screen and you will be prompted to request a new code.





#### **Step five**

When you see a screen that looks like this, click Done to enter the Hollard Broker Portal.

You're now ready to start lodging claims!

#### **Future verification**

You will occasionally be asked to reverify your login details.

When this occurs, you will see screens similar to these ones. Requesting and entering a code will allow you access again.



## Lodging an eligible claim.

### What does an eligible claim look like?

- ✓ A total value of \$10,000 or less
- Submitted via the Hollard Broker Portal
- Documents and banking details are included up front



**Please note:** the screens you see when lodging a claim may differ slightly, depending on the type of claim you're lodging. If that's the case, and you need assistance, please reach out to us at <u>bemclaims@hollard.com.au</u>



Enter the time and date of the loss.

Select a policy number or click on **Don't have a policy number?** for additional search criteria.

| τροπογ | About The Incident           |                                    |         |             |             |
|--------|------------------------------|------------------------------------|---------|-------------|-------------|
|        | When did the incident occur? | 8 Apr 2023                         |         |             |             |
|        |                              | 12:01 PM                           |         |             | Q           |
|        | Select a Policy              |                                    |         |             |             |
|        | Policy number                | GA126010382BUSP                    |         |             |             |
|        |                              | Don't have the policy number?      |         |             | Search      |
|        | Type Policy Number           | Insured                            | Address | Effective   | Expires     |
|        | Busin GA126010382BUSP        | T#############################NHAN |         | 25 May 2022 | 25 May 2023 |
|        |                              |                                    |         |             |             |



#### **New Claim** Draft reference number: 999-99-999207 ③ **Claim Information** Select Policy Read through, and agree to, Disclaimer Disclaimer the **Disclaimer** to continue. By submitting this claim, I declare that: I am authorised to submit this claim and provide information to Hollard and Hollard Commercial as: · a broker who has been appointed as the agent of the insured person; or · an authorised representative of the insured person or the insured company; · Where I will provide my personal information, or will be providing personal information of another person, I am aware, or I have made the other person aware, of Hollard and Hollard Commercial's privacy collection statement I declare that: · I consent to Hollard and Hollard Commercial and their agents collecting, storing, using and disclosing my personal information as set out in the Collection Notice. • If I have provided or will provide personal information to Hollard and Hollard Commercial about any other individuals, I confirm that I am authorised to disclose their personal information to Hollard and Hollard Commercial and also to give this consent on both my and their behalf. View our Collection Notice. In accordance with Hollard Commercial's and Hollard's Privacy Policy, you have the right to seek access to your personal information and to request that we correct any errors. \* I Agree Save and Exit Previous Next



| laim Information    | New Claim                    | Draft reference number: 999-99-999207 @   |
|---------------------|------------------------------|---|
| Select Policy       |                              |   |
| Disclaimer          | Main Contact                 |   |
| Contact Details     |                              |   |
| ll us what happened |                              |   |
| icident Details     | * Main contact               | Broker Portal (Broker)  |
| cuments and Notes   | Broker Contact Details       |   |
| mmary               |                              |   |
|                     |                              |   |
|                     | * First name                 | Broker  |
|                     | * Last name                  | Portal  |
|                     | * Primary phone              | Mobile  |
|                     |                              |   |
|                     | * Mobile phone               | +61 ~   |
|                     | * Email                      | hollard.portal05@outlook.com  |
|                     |                              |   |
|                     | Broker reference             |   |
|                     | Policy Holder Contact Detail | e de la companya de l |
|                     |                              |   |
|                     |                              |   |
|                     | * Company                    | T#############################  |
|                     | Company Contact              |   |
|                     | * First name                 |   |
|                     | * Last name                  |   |
|                     |                              |   |

| * Last name                          |   |   |
|--------------------------------------|---|---|
| Primary phone                        | Please Select   | ×   |
| Mobile phone                         | +61 ~   |   |
| Email                                |   |   |
| Address                              |   | Ensure the sections for GST and<br>Payment Details are completed corr |
| Postal address                       | - +   | – this allows us to make payments fa                                  |
| GST                                  |   |   |
| Registered for GST?                  | Yes   | No Unknown  |
| * ABN                                |   | 0   |
| * ITC%                               | 0   |   |
| Payment Details                      |   |   |
| Please provide the bank account deta | ails where you would like any potential cash settleme | ent deposited. 🕜  |
| Bank account                         | - +   |   |
|                                      |   |   |
| Save and Exit                        |   | Previous Next   |
|                                      |   |   |



Enter the specific details relating to your claim. All mandatory fields are shown with an \* (asterisk).

| Tell us what hannened                                    |   |   |   |
|--|---|---|---|
|  |   |   |   |
| _  |   |   |   |
| Please complete this to the best of your ability. If you | are unsure of the answer, we can discuss it with you du   | ring the claims process.  |   |
| * Select the type of incident                            | Diase Select  |   | ~~~~~   |
| Select the type of incluent                              |   |   |   |
| * Which one of these options describes the               | Please Select   |   | ~   |
| incident?  |   |   |   |
| * Who does the insured person consider is at fault?      | Please Select   |   | ~   |
| Are you reporting a notification only?                   | Yes   | No  |   |
| * Please describe what happened during the               |   |   |   |
| incident, using as much detail as possible               |   |   |   |
|  |   |   | /i  |
|  |   |   |   |
|  | Please complete this to the best of your ability. If you<br>* Select the type of incident<br>* Which one of these options describes the<br>incident?<br>* Who does the insured person consider is at fault?<br>Are you reporting a notification only?<br>* Please describe what happened during the<br>incident, using as much detail as possible | Please complete this to the best of your ability. If you are unsure of the answer, we can discuss it with you due         * Select the type of incident       Please Select         * Which one of these options describes the incident?       Please Select         * Who does the insured person consider is at fault?       Please Select         Are you reporting a notification only?       Yes         * Please describe what happened during the incident, using as much detail as possible | Please complete this to the best of your ability. If you are unsure of the answer, we can discuss it with you during the claims process.         * Select the type of incident       Please Select         * Which one of these options describes the incident?       Please Select         * Who does the insured person consider is at fault?       Please Select         Are you reporting a notification only?       Yes         * Please describe what happened during the incident, using as much detail as possible       Image: Construction of the construction of the claims process. |



#### New Claim Draft reference number: 999-99-999207 (2) **Claim Information** Select Policy Where did this happen? Disclaimer Contact Details Where did this happen? O Use the insured address Tell us what happened Address lookup Incident Details O Enter address manually Address 4###########STREET Suburb ABBOTSFORD Postcode 3067 State Victoria Country Australia Incident Details (Weather) Is the property safe and secure? Yes No Are any urgent repairs required to prevent further Yes No loss or damage?

Yes

Are you still able to trade?

Save and Exit

Previous

No

Next

|   |  | IIIDEI: 333-33-333207 @  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
| * Has there been any damage caused to the Stock?    | Yes  | No   |
| Business Interruntion Details                       |  |  |
|   |  |  |
|   |  |  |
| * Has Business Interruption occurred as a result of | Yes  | No   |
| damage caused to the property?                      |  |  |
|   |  |  |
| Save and Exit                                       |  | Previous Next  |
|   |  |  |
|   |  |  |
|   | Stock Incident Details   * Has there been any damage caused to the Stock?   Business Interruption Details   * Has Business Interruption occurred as a result of damage caused to the property?   Save and Exit | Stock Incident Details     * Has there been any damage caused to the Stock?     Yes     Business Interruption Details     * Has Business Interruption occurred as a result of damage caused to the property?     Yes     Save and Exit |



| Select Policy<br>Disclaimer<br>Contact Details  | Upload Documents All relevant documents need to be uploaded for a claim to be eligible for our faster claims process.   |
|---|---|
| Tell us what happened<br>Incident Details<br>Additional Information<br>Documents and Notes<br>Summary | If you have any supporting content for the claim, such as photos of the damage, quotes or invoices, please provide them here. Proof of ownership of the damaged or lost item(s): This can be things like purchase receipts, photos of user manuals showing the make and model number, photos of the original packaging showing the make and/or model number, certificates of valuation. A repair report: A report that confirms the damage to the item, as well as a description of the item, including the make and/or model number, where applicable. A quote to replace or repair the item(s): Details of the repair work to be undertaken or a description of the item being quoted to replace. Photos and videos of the damage(s): Please keep all damaged items for inspection unless they are a health hazard. A poince reference number: if the property has been broken into, please provide a police report reference number. Permitted file types: avi, bmp, csv, doc, docx, gif, jpeg, jpg, mdi, mov, mp4, mpeg, mpg, msg, pdf, png, pps, pt, ptx, ps, rtf, rtx, tif, tiff, btt, wav, wma, wmy, xls, xlsx. Maximum upload file size: 25 MB each. Maximum upload file negative: 30 characters. Drg and drop files here. Limit: 30 Upload Files Upload Files Upload Files |
|   | Is there anything else you would like to let us know about the claim?   |

#### **Document matrix**

|                             | Check policy<br>schedule and limit | Proof of ownership  | Proof of loss or<br>damage report | Quote or invoice<br>for replacement or<br>repair | EFT bank details      | ITC GST details       |
|-----------------------------|------------------------------------|---|-----------------------------------|--|-----------------------|-----------------------|
| Loss of contents            | ✓                                  | ✓   | ×                                 | ✓  | <b>&gt;</b>           | <ul> <li>✓</li> </ul> |
| Loss of personal<br>effects | ✓                                  | <ul> <li>Image: A start of the start of</li></ul> | ×                                 | ✓  | <b>~</b>              | ×                     |
| Contents damage             | ✓                                  | ×   | ✓                                 | ✓  | ✓                     | <ul> <li>✓</li> </ul> |
| Building damage             | $\checkmark$                       | ×   | $\checkmark$                      | ✓  | $\checkmark$          | $\checkmark$          |
| Stock damage                | $\checkmark$                       | ✓   | $\checkmark$                      | ✓  | $\checkmark$          | $\checkmark$          |
| General property<br>damage  | $\checkmark$                       | ✓   | ~                                 | ✓  | ~                     | ✓                     |
| Glass                       | $\checkmark$                       | ×   | <b>~</b>                          | ✓  | <ul> <li>✓</li> </ul> | $\checkmark$          |
| Motor burnout               | ✓                                  | ×   | $\checkmark$                      | ✓  | $\checkmark$          | <b>~</b>              |
| Loss or theft of<br>stock   | $\checkmark$                       | ✓   | ✓                                 | ✓  | $\checkmark$          | ✓                     |
| Fence damage<br>(50%)       | ✓                                  | ×   | ✓                                 | ✓  | <b>~</b>              | ✓                     |



| Claim Information  | New Claim   | Draft reference number: 999-99-999207 💿                          |
|--|---|--|
| Select Policy<br>Disclaimer                                  | Summary   | Review the summary details before submitting the claim.          |
| Contact Details<br>Tell us what happened<br>Incident Details | Before submitting your claim, please take a mom                                     | nent to review the key information you have provided us.         |
| Additional Information                                       | Select Policy   |  |
| Documents and Notes  | Policy number   | GA126010382BUSP  |
| Summary  | Date of incident  | 8 Apr 2023   |
|  | Time of incident  | 12:01 pm   |
|  | Contact Details   |  |
|  | Main contact  | Ilija Bogoevski (Broker) , +61411561879                          |
|  | Tell us what happened   |  |
|  | Claim type  | Weather  |
|  | Which one of these options describes the incident?                                  | Storm  |
|  | Please describe what happened during the incident, using as much detail as possible | Storm damage to roof causing water ingress and damage to ceiling |
|  | Incident Details  |  |
|  | Where did the incident occur?   | 4###########STREET, ABBOTSFORD, 3067, Victoria, AU               |
|  |   |  |

This is where you will find your claim reference number.

Please print or save this page for your records.



Our claims team will review the details and contact you within two business days to discuss the repair process, arrange an assessment (if required) and advise you of any excess that may apply.

For any urgent assistance with your claim, please contact us here for Personal Insurance and here for Commercial Insurance.

Kind regards, Hollard Insurance

Print Confirmation

Back to claims



### Need help getting started?

Reach out to our broker support managers, Ilija Bogoevski and Britney Wilson by emailing <a href="mailto:bemclaims@hollard.com.au">bemclaims@hollard.com.au</a>

