**Insured:** Australian Homestay Network Pty Ltd (AHN); New Zealand Homestay Limited and Homestay Host Families (as declared) and Homestay International Students & Eligible Asylum Seekers (as declared) and Eligible NDIS Participants (as declared) and Other Guests (as declared)

**XL Insurance Company SE Policy Number:**  AU00007308LI21A

**Host Name:** ………………………………………………………………………………………………………

**Address:** ………………………………………………………………………………………………………

**Mobile Number:** …………………………………… **Email: ………………………………………………..**

**Guest Name:** ………………………………………………………………………………………………………

**Mobile Number: …………………………………… Email: ……………………………………………….**

**Incident Details: *If multiple incidents please complete separate claim form for each incident***

**Date of Loss:** ……………………………………………………………………………………………………….

**Place of Loss:** ……………………………………………………………………………………………………….

**Type of Loss/Description: *Please provide a detailed description of the event/incident***

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**Who is the person who is responsible for the loss/damage? ……………………………………….**

**Responsible person statement: A statement from the person responsible for the loss/damage is required to lodge the claim. This can be an email or letter from the responsible person confirming the description of the event/incident attached to the claim form or completed here:**

**…………………………………………………………………………………………………………………………………………**

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**Bank account details of the claimant for settlement funds to be transferred:**

**BSB: …………………………………………. Account Number: ………………………………………………………**

**Account Name: ……………………………………………………………………………………………………………..**

\*\*\* The policy excess will be deducted from any approved claim settlement\*\*\*

Host Liability: $500 each occurrence Student Liability: $250 each occurrence

Student personal effects: $200 each occurrence All other guests: $1000 each occurrence

I confirm the declarations made on this form are true and correct. I acknowledge the policy excess will be deducted from any claims settlement made.

**Signature of Claimant: ………………………………………………………………………………………………**

**Name of Claimant: ………………………………………………………………………………………………..**

To submit your claim, send this fully completed Claim Notification form to homestayclaims@edgewise.com.au with a copy to info@homestaynetwork.org together with the following supporting documentation:

1. **Responsible person statement**
2. **Photographs of the damage**
3. **2 Repair/replacement quotes or**
4. **If emergency repairs have been undertaken, Invoice for repair/replacement**