

Reporting a Claim

Starting a Claim

Optim allows its users to create and submit claims to HMI in real-time. When a claim is necessary, follow these simple steps!



1 Select the "Report A Claim" button located in the top-right corner of your Homepage.

A screenshot of the 'Make a Claim' form. The form has a green header with 'Make a Claim' and 'Claim #'. Below the header, there is a 'Select Policy' section with a paragraph of instructions. A 'Loss Information' section contains a text input field with '1453685H01' and a date/time picker set to 'Aug 12, 2022, 4:35 PM'. A 'Please select the policy for this claim' section shows a card for a 'Residential Policy: 1453685H01' with a house icon and a green checkmark. At the bottom, there are 'Cancel' and 'Next' buttons. The 'Next' button is highlighted with a red border and a yellow circle containing the number '2'. Arrows point from the 'Next' button to a text box and from the policy card to another text box.

2 Indicate the date and Policy on which the loss occurred.

Note: For the purpose of example, this document uses a Residential policy type. Fields in other types may be slightly different. Follow the same procedure outlined in these direction.

Click "Next" to proceed to the Claim Reporting fields.

Reporting a Claim

Type of Incident

Indicate any required incident details, using the drop-down feature if necessary. Click the details that describe the type of incident / loss accurately, then proceed to the next screen by clicking “Next”

The screenshot shows a web form titled "Make a Claim" with a "Claim #" field. The form has five steps: "Select Policy", "Type of Incident", "Details", "Payment Preference", and "Summary". The "Type of Incident" step is currently active. Below the step indicators, the "Incident Details" section contains a "Type of Incident" label and a drop-down menu with the text "please select". At the bottom of the form, there are "Cancel", "Previous", and "Next" buttons. The "Next" button is highlighted with a red box.

1 Use the drop-down to indicate type of incident and fill-in any fields that are required.

2 Click “Next” to move to the Details screen

Reporting a Claim

Incident Details

More details will be required to accurately assess this claim. Fill-in all possible information in this screen, including where, and what happened, as well as who it happened to.

Note: You will not be able to progress to the next screen if any fields noted with a * are not filled-in. If you are unable to fill-in one or more of these fields, contact your broker for assistance.

Make a Claim Claim # 999-89-894633

✓ Select Policy ✓ Type of Incident ✓ Details Payment Preference Summary

Where did this happen?

61 Thompson Ave, Sydney, N8 B1B 1L2 61 Thompson Ave, Sydney, N8 B1B 1L2 61 Thompson Ave, Sydney, N8 B1B 1L2

Other Location

Please describe what happened

Please describe what happened *

Please provide your phone number

Phone number*

Please provide your email address

Email *

Upload any pictures or documents

If you have photos, documents or other information pertaining to your claim you can upload it using the Upload Documents button below. Submission of this information is optional.
Supported File Types: .jpg, .png, .mpg, .mov, .wmv, .mp4, .pdf, .doc, .docx.
Maximum File Size: 10MB

Upload Documents Drag and drop files

Information you want to share with us at this time?

Previous Next

1

Fill in all required information, noting where and what happened in the appropriate fields.

2

Drag and drop supporting documents (photos, receipts, any other details) here, or click the "Upload Documents" button to open the file selector.

3

Add any additional comments, then select "Next" to move to the payment preferences screen.

Reporting a Claim

Paying a Claim

Select your preferred method of payment on this screen. If you choose to receive payment by cheque, your billing information will automatically be pulled and a cheque will be sent to the address we have on file. If you select “Electronic Funds Transfer” instead of Cheque, follow the directions on the next slide.

Make a Claim Claim # 999-99-994538

✓ Select Policy ✓ Type of Incident ✓ Details ✓ Payment Preference Summary

Payment Preference

Would you like to receive claim payments?

Cheque Electronic funds transfer

Cancel

2

Once complete, select “Review Information” to move to the final step of the Making a Claim process.

1

Indicate how you would like to receive payment for this claim.

Note: HMI plans to add more payment options, which may change the look of this screen.

Reporting a Claim

Paying a Claim - Electronic Funds Transfer

Once “Electronic Funds Transfer” is selected, the following fields will open. Follow the instructions to add and validate your payment information before progressing to the next step.

Make a Claim Claim # 999-99-965467

✓ Select Policy ✓ Type of Incident ✓ Details ✓ Payment Preference Summary

Payment Preference

Would you like to receive claim payments?

Cheque Electronic funds transfer

Add New Payment Method

Institution Number *

Institution Name

Transit Number *

Bank Account Type *

Bank Account Number *

Bank Account Holder *

Primary

3

Click “Validate” once all information is correctly inputted. If your information is validated, you will pass to this pop-up. Click “Yes” to continue.

1

Select “Preauthorized Bank Account” from this drop-down to receive automatic payments. Click “Add” to populate the below fields.

2

Input all information here, selecting the “?” when necessary.

4

Once the validation is successful, click the “Review Information” button to progress to the final step of submitting a claim.

Reporting a Claim

Reviewing and Submitting

On this screen, review the information that has been submitted for accuracy. If you need to redo certain information, click the “Previous” button until you reach the fields you would like to alter. When satisfied with the information provided, click the “Submit Claim” button to finish.

1

Review all information in this screen for accuracy.

Make a Claim Claim # 999-99-994538

✓ Select Policy ✓ Type of Incident ✓ Details ✓ Payment Preference ✓ Summary

Confirm and Submit

You are about to submit a claim with the following information. Please ensure all claim details are captured as accurately as possible. If you need to make an update, you may do so by clicking the “Previous” button below.

Policy Number	1453685H01
When did this happen?	Aug 12, 2022, 4:35 PM
Type of Incident	Fire
Location of incident	Sydney, NS, CA
What happened	Bad
Phone number	902-555-1319

By clicking “Submit Claim”, you acknowledge that you are submitting a Claim notification to Heartland Mutual Insurance. An adjuster will contact you shortly to discuss your claim in detail. While this site is secure and protects your information, for added measure, please do not share sensitive information such as Social Insurance Numbers, credit card, banking or other financial information.

[Save and Exit](#) [Previous](#) [Submit Claim](#)

2

Select “Previous” if you wish to alter any information in this screen, or “Submit Claim” to finish the Making a Claim process.

Reporting a Claim

Your claim has been filed!

Your claim reference number is 000-00-054626

Next Steps:


1. If you require medical treatment, do not wait for your claim to be assigned. Please seek medical assistance immediately!
2. If you have additional information to share with us such as documents or photos, you may upload that information via the My Claims tab at any time.
3. An adjuster will be assigned and will contact you as soon as possible during business hours. If you require assistance please call us at 1-800-265-8813.

[View my claim](#)

After Submission,

This screen will automatically populate, letting you know that your claim has been received. Click the “View my Claim” button to be redirected to the Claim Details page on the Claims Tab.

Follow any instructions on the screen. You have successfully submitted your claim.



Details Messages

Date of Loss: Aug 12, 2022 Claim Status: Open

Claim Details

Submission Date	Policy Number	Product	Primary Insured
Aug 12, 2022	145365H01	Residential	Joy Test2
Additional Insured	Loss Location	Contact Person	Primary Email
-	S1 Thompson Ave, Sydney, NS B1S 1L2	Joy Test2	test12@testing.com
Primary Phone	902-555-1919		

Loss Items	Adjuster
Additional Living Expenses	
Personal Property	
Detached Private Structures	
Replacement Cost - Contents	
Dwelling - Building	
Voluntary Payment for Damage to Property	
Legal Liability	
Voluntary Medical Payments	

My Claim Documents

Receive Payments by Electronic Funds Transfer Direct Deposit

Important Note
For any questions regarding your claim, please contact your adjuster.