

PROFESSIONAL INDEMNITY CLAIM FORM



The Issue of this Form is not an Admission of Liability by Insurer

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

THE INSURED

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Address _____

_____ Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes >What is your ABN?

	:	:	:	:	:	:	:	:	:	:
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Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes >Is the amount claimed less than 100% No Yes >Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes >Is the amount claimable less than 100% No Yes >Specify amount

claimed: %

THE CLAIMANT

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Occupation _____

Address _____

_____ Post Code _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Contact Name _____

PARTICULARS OF INCIDENT

What was the date, from which the Insured performed the work, out of which the claim arises, or may arise from? _____ / _____ / _____

Please provide the name of the name of the person within the firm / company who actually performed the work or against whom the claim or possible claim is principally directed. _____

On what date did the Insured first become aware of the matter complained of or the circumstance, which may give rise to a claim? _____ / _____ / _____

Was the first intimation verbal or in writing (if in writing attach copy) _____

If verbal, please give a “first person” account of the conversation _____

What are the Insured’s comments on the Claimants allegations? _____

What is the amount Claimed: \$ _____

What are the Insured’s comments on the quantum of the claimant’s claim and what is the Insured’s estimate of its potential monetary liability to the claimant? _____

What was the Insured retained (contracted) to do? _____

Was the Insured's retainer (contract of / for service(s)) evidence in writing? _____
If so, please attach a copy. If not, please provide appropriate particulars _____

Are there additional details about which you wish to advise, or which may be of interest to the Insurer, to provide Insurers with a better understanding of this matter? If so, please provide details (along with supporting documentation) _____

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work undertaken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____