

# Claims Form

## Professional Indemnity Insurance



### Notification of claim or circumstances out of which a claim may arise

## IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker

### Section 1 | Details of the Insured

Full Name of the Insured Name: \_\_\_\_\_

Address of the Insured: \_\_\_\_\_

Contact person and position: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_

### Section 2 | Policy Details

Policy No.: \_\_\_\_\_

Policy Period: \_\_\_\_\_

1. Are there any other insurance policies that may be applicable to this notification? Yes [  ] No [  ]

If YES, please provide the following details:

Policy Holder: \_\_\_\_\_

Insurer: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Period of Insurance: \_\_\_\_\_

2. Has the matter been notified to that insurer? Yes [  ] No [  ]

**Section 3 | General Information**

1. Full name of the Claimant or potential Claimant (i.e. the party making the claim or potential claim against you or the firm/company)

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2. Address of the Claimant:

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**Section 4 | Details of the Insured Claimant's Retainer / Contract**

1. What were you retained or contracted to do?

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2. Was your retainer/contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms.

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3. When did you perform the work out of which the claim arises or may arise?

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

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5. What is that person's title, duties and contact details?

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## Section 5 | List of Documents Attached

1. What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?

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2. Was the claim or the intimation of a claim made in writing? Yes [  ] No [  ]

3. Have you received a written demand? Yes [  ] No [  ]

If you answered YES, please attach a copy of this together with any correspondence relating to the written demand.

4. Have proceedings been issued against you? Yes [  ] No [  ]

If you answered YES, please attach a copy of the court documents together with any correspondence relating to the proceedings.

5. Was the claim or the intimation of a claim made verbally? Yes [  ] No [  ]

If you answered YES, please provide details of any conversations, when they occurred and whom they were between.

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6. On what date did you first become aware of the claim or the fact or circumstance which may give rise to a claim?

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7. What is the amount claimed against (if known)?

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## Section 6 | Details of the Insured's Response

1. What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

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2. Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? Yes [ ] No [ ]

If you answered YES, please provide details:

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3. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

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4. Are there any additional details about which you wish to advise, or which may be of interest to DUAL, so that DUAL will have a better understanding of this matter? Yes [ ] No [ ]

If you answered YES, please provide details along with supporting documents:

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5. Have you obtained legal representation to act on your behalf? Yes [ ] No [ ]

If you answered YES, please provide details of their name, firm, address and charge out rates:

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**Section 7 | List of Documents Attached**

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**Section 8****Declaration**

I, Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that DUAL may make its decision on indemnity having regard to these answers.

Your Signature: \_\_\_\_\_ Date:     /     /

Please Print Your Name: \_\_\_\_\_

PRIVACY: DUAL Australia are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim form only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: [www.dualaustralia.com.au](http://www.dualaustralia.com.au).