

## PROFESSIONAL INDEMNITY CLAIM FORM

### Policy details

Policy holder \_\_\_\_\_

Policy number \_\_\_\_\_

Policy year/period \_\_\_\_\_

### Your contact details

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address State Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Is there any other insurance that may be applicable to the notification? (Yes / No)

If you answered 'Yes' to the above question, please provide details

Insurer \_\_\_\_\_

Policy holder \_\_\_\_\_

Type of insurance \_\_\_\_\_

Period of insurance \_\_\_\_\_

Has this matter been notified to that insurer? (Yes / No)

### Details of claim

Date of occurrence \_\_\_\_\_

What is the basis of the claim (or potential claim) against you?

\_\_\_\_\_

When were you first aware the claim may be made against you?

\_\_\_\_\_

What is the amount claimed against you? \_\_\_\_\_

**Summary of claim**, please provide your comments regarding the allegations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Important notice – Please provide the following documents**

1. Any written demands.
2. Correspondence relating to that demand.
3. Any contract and supporting documents relating to the claim.
4. If claim is against a subsidiary company, provide details on ownership structure of subsidiary.
5. Copy of previous Insurer Policy Schedule before inception of this policy providing this cover.
6. Copies of any legal proceedings leading to final rulings.

**List of documents attached**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_

**IN ORDER TO COMPLY WITH LEGAL REQUIREMENTS, ALL QUESTIONS IN THIS CLAIM FORM MUST BE ANSWERED**