

Professional Indemnity Claim Form



NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

Please do not include any statement or comment on this form which may be construed as an admission of fault. Please attach any supplementary information and relevant correspondence.

<input type="text"/>		
insured		
<input type="text"/>		
policy number		
YOUR DETAILS		
NAME		
Full legal name of each incorporated body or natural persons including any business or trading names	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	legal name / body / persons / trading name	abn
GST		
Are you registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Credits Claimed: <input type="text"/> %
ADDRESS		
Insured's Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	number, street address	city / suburb
	state	postcode
CONTACT DETAILS		
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	contact name 1	contact name 2
	telephone number	mobile number
	email	fax
INSURANCE PERIOD		
	<input type="text"/>	<input type="text"/>
	date from (dd/mm/yy)	date to (dd/mm/yy)
CLAIM DETAILS		
Date when services rendered, out of which a Claim has been/ might be made against the Insured	<input type="text"/>	
	date (dd/mm/yy)	
Name of client you were retained by/contracted to and the specific nature of your duties under theretainer/ contract	<input type="text"/>	

CLAIM DETAILS

DATE WHEN THE INSURED

(a.i) first became aware that there existed a set of circumstances which may result in a claim being made

date (dd/mm/yy)

(a.ii) Please advise how this was originally communicated

(b. i) first received a notice of intention of any party to make a Claim

date (dd/mm/yy)

(b.ii) Please advise how this was originally communicated

COSTS

Your opinion of possible rectification costs OR potential amount of possible Claim

\$
approx (\$) value

CLAIMANT

Name and details of claimant/potential claimant. If the claimant/potential claimant has legal representation, please provide details.

first name
last name
number, street address
city / suburb
state
postcode
telephone number
mobile number
legal representation details

Is the claimant a current client?

 Yes No

Have your fees been fully reimbursed, if not have you instigated recovery?

 Yes No

Do you have a good relationship?

 Yes No

Please disclose any further information about the above questions

Please provide a summary of the circumstances/background to this notification

LIABILITY

Please give your views on your potential liability

 Liable Possible Not Liable

Please state why you think this

If you believe any other party may be liable, please provide details below including an estimate of any possible quantum

What risk management actions, if any, have you taken or intend to take as a result of this incident?

SHOULD ANY RESPONSES REQUIRE FURTHER ELABORATION, PLEASE CONTINUE ON A SEPARATE SHEET.

DECLARATION

Contact details for Procover Underwriting Agency are:

Procover Underwriting Agency Pty Ltd
Level 5, 97-99 Bathurst Street
Sydney NSW 2000
Phone +61 2 9307 6600
Fax +61 2 9307 6699

I/ We hereby declare that:

The above statements are true, and I/ we have not suppressed or mis-stated any facts. I/ we understand that if I/ we choose not to provide the required details, this is my/ our choice, however, Procover Underwriting Agency Pty Ltd may not be able to process my/ our claim.

I/ We authorize Procover Underwriting Agency Pty Ltd, to collect or disclose any personal information relating to this insurance to/ from any insurers or insurance reference service or collecting additional information about me/ us, from investigators or legal advisors.

Where I/ we have provided information about another individual I/ we declare that the individual has been or will be made aware of that fact.

To be signed by the Chairman/ President/ Managing Partner/ Managing Director/ Principal of the association/ Partnership/ Company/ Practice/ Business.

Candidate

name
title
signature
date (dd/mm/yy)

NOTES

Blank area for notes.