

PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM

1 Important Notice

- Please read this Claim Form fully before answering the questions.
- The claim form is to be completed and 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 copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
- Please send the completed claim form, as soon as possible, to your insurance advisor or broker.
- Appointment of legal representatives should not occur without the prior consent of Liberty International Underwriters.

2 Details of Insured

Full Name of the insured. _____

Address of the insured. _____

Contact person. _____

Policy No. _____ Email. _____

Telephone No. _____ Fax No. _____

Input Tax Entitlements. _____

3 Details of Claimant

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

Address of the claimant. _____

4 Details Of Insured's Retainer/Contract

What were you retained/contracted to do? _____

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.

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

Who is the person within the firm/company, who actually performed the work or against whom the claim or potential claim is principally directed?

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

5 Details of Claim or Circumstance

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?

Have proceedings commenced? If so, please attach a copy of the court documents.

On what date did you first become aware of the claim or the fact or circumstance?

On what date was the claim or the intimation of a claim first made to you?

Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.

Have you instructed a solicitor or other lawyer to act for you? If so, what is that lawyer's name, firm, address and charge out rates?

7 Declaration

I/We (print name in full) _____

(position) _____

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

Signature

Date

Privacy Notice

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties to whom we disclose it and how they can access it. If it is sensitive information we rely on you to have obtained their consent to these matters. If you have not done either of these things, you must tell us before you provide the relevant information.