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## **CLAIM FORM**

### **Professional Indemnity Insurance**

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Assetinsure Pty Ltd  
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44 Pitt Street Sydney NSW 2000

PO Box R299  
Sydney NSW 1225  
Australia

T (02) 9251 8055  
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[www.assetinsure.com.au](http://www.assetinsure.com.au)



## Important Notice

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Please read the Claim Form fully prior to answering the questions. It should be completed and signed by a Partner, Director or Principal of the Insured.

Please answer **all** questions as fully as possible. Use additional sheets if there is insufficient space on this Form.

**Note:** Claim means any civil proceedings brought against an Insured for compensation.

Any Claim(s) arising out of, based upon or attributable to a Single Wrongful Professional Act shall be considered to be a single Claim for the purposes of this Policy.

If you have any questions in relation to the completion of the Claim Form please contact your insurance broker.

Please send the completed Claim Form, as soon as possible, to your Insurance Broker.

### A. Details of Insured

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1. Insured's Full Name

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Insured's Address

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Policy Number (if known)

ABN :

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Policy Period

From :        /        /

To :        /        /

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Person to be Contacted

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Telephone

Fax :

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Email Address

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2. (A) Are you registered for GST purposes ? Yes  No

(B) Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium?  
Please specify your percentage entitlement \_\_\_\_\_ %



## B. Details of Claimant

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3. (A) Full name of Claimant or Potential Claimant (i.e. the party claiming against you or the firm / company)

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(B) Address of the Claimant

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## C. Details of Insured's Retainer / Contract

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4. (A) What were you retained / contracted to do ?

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(B) Were the services or work in question performed pursuant to a written contract, agreement, or letter of engagement

Yes  No

If so, please attach a copy. If not, please provide appropriate particulars

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

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6. Please provide the name of the person (or office, department or division) within the firm / company who actually performed the work or services or against whom the claim or potential claim is principally directed

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**SPECIAL INSTRUCTION:** Of the following two Sections, you should complete *only one*:- If you are notifying a **Circumstance** out of which a Claim may arise, complete Section D; if you are notifying a **Claim** which has already been made against you, complete Section E.

## D. Details of Facts or Circumstances out of which a Claim may Arise

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7. Please specify the precise facts or circumstances which may give rise to a claim ?

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8. (A) On what date did you first become aware of those facts or circumstances ?

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(B) On what date did you first realize that those facts or circumstances may give rise to a claim ?

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## E. Details of Claim

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9. (A) On what date was the intimation of the claim first made against you ?

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(B) Was the first intimation of a claim verbal or in writing? (if in writing please attach a copy)

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(C) If verbal, please give a "first person" account of the conversation

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10. On what date was the first claim made against you ?

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11. What amount, if any, is claimed ? \_\_\_\_\_





## G. Declaration

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I, (Full Name)

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Position

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

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting additional information about me from, third parties such as investigators or legal advisers. Where I have provided information about another individual (for example, an employee or client), I declare that the individual has been or will be made aware of that fact.

Signature \_\_\_\_\_  
(Partner / Director / Principal)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Dispute Resolution**

Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney 2000 or ringing (02) 9251 8055.

### **Privacy Policy**

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### **General Insurance Code of Practice**

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)