

# Professional Indemnity Insurance Claim Form

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

### IMPORTANT NOTICE

Under no circumstances must the policyholder admit liability either verbally or in writing. Please read this claim form fully before answering the questions. 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 correspondence with your customer/client, copies of your retainer and other agreements, any written demands and/or court documents. *The claim form must be completed and signed by a partner, Director or Principal of the insured.*

## Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

## Contact us

You can contact our Privacy Officer using the details below:

### Privacy Officer

Suite 21 Level 2 8 Hill Street Surry Hills NSW 2010  
PO Box 103  
Darlinghurst NSW 1300

Phone 02 9328 3322  
Facsimile 02 9328 3323  
team@logicalinsurance.com.au

Claim Number

## Section 1. Details of the Policyholder

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Name

Address  Post Code

Email  Mobile

Work Phone  Home Phone  Fax

Policy Number  Expiry Date

Contact Person:   
Tel no:   
Email:

What is your Australian Business Number (ABN)?

Your Occupation/Bus/Industry/Trade

Is there any other Insurance in force which would cover this in whole or part Yes  No

If **YES**, please advise in the space provided

Insurer's Name

Policy Details

## Section 2. General Information

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

## Section 3. Details of the insured claimant's retainer/contract

What were you retained or contracted to do?

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

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

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## Section 4. Details of the 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?

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Was the claim or the intimation of a claim made in writing? Yes  No

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

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.

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

What is the amount claimed against (if known)?

## Section 5. Details of the Insured's response

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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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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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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Are there any additional details about which you wish to advise, or which may be of interest to your insurers, so that they 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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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 6. List of documents attached

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### Declaration and authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/We acknowledge that insurers may make their decision on indemnity having regard to these answers.

I/We authorise insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claim form headed "Your Privacy".

FULL NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_