

# 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 constructed as an admission of fault please attach any supplementary information and relevant correspondence.

<b>Insured</b> <input type="text"/>	
<b>Policy Number</b> <input type="text"/>	
<b>YOUR DETAILS</b>	
<b>NAME</b>	
Full legal name of each incorporate body of natural persons including any business of trading names	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Legal name/ body / persons/ trading name	ABN
<b>GST</b>	
Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Credits Claims: <input type="text"/>	
<b>ADDRESS</b>	
Insured's Address	
<input type="text"/>	<input type="text"/>
Number, Street Address	City / Suburb
<input type="text"/>	<input type="text"/>
State	Postcode
<b>CONTACT DETAILS</b>	
<input type="text"/>	<input type="text"/>
Contact name 1	Contact name 2
<input type="text"/>	<input type="text"/>
Telephone number	Mobile Number
<input type="text"/>	<input type="text"/>
EEmail	Fax
<b>INSURANCE PERIOD</b>	
<input type="text"/>	<input type="text"/>
Date from (dd/mm/yy)	Date to (dd/mm/yy)

## 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

(a ii) Please advise how this was originally communicated

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

(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

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 Winsure Underwriting Agency Are:

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 understand that I/We choose not to provide the required details, this is my/our choice, however Winsure Winsure Underwriting Agency Pty Ltd may not be able to process my/our claim.

I/We authorize Winsure 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)

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