



## FORM OF NOTIFICATION OF CLAIM

### PROFESSIONAL INDEMNITY INSURANCE

#### PLEASE DO NOT ADMIT LIABILITY TO THE CLAIMANT.

This form must be completed by an Officer of the Insured.

All questions must be answered as fully as possible using additional sheets if necessary.

Copies of relevant documentation should be attached.

---

1. Full name and address of the Insured:

Telephone:

Facsimile:

Email:

ABN:

Registered for GST? Y/N

If yes, what %? (eg. 100%, 50%)

---

2. Full name and address of the Claimant (party claiming against the Insured) or possible Claimant.

---

3. When did the Insured perform the service out of which the claim arises or may arise?

---

4. Please provide the name of the person who actually performed the work or against whom the claim or possible claim is principally directed.

---

---



**FORM OF NOTIFICATION OF CLAIM**

**PROFESSIONAL INDEMNITY INSURANCE**

---

5. On what date did the Insured first become aware of the matter complained of or the circumstance which may give rise to a claim?

---

6. On what date was the allegation of negligence or the intimation of a claim (by the Claimant) first made against the Insured?

---

7. (a) Was the first intimation verbal or in writing? (If in writing please attach a copy)

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

---

8. What (if any) is the amount claimed?

---

---



**FORM OF NOTIFICATION OF CLAIM**

**PROFESSIONAL INDEMNITY INSURANCE**

---

9. (a) What was the Insured's relationship with the claimant out of which the claim has arisen?

(b) Is this relationship evidenced in writing? If so, please attach a copy of that document. If not, please provide appropriate particulars.

---

10. Please provide a narrative of the facts and circumstances

---

11. Are there additional details about which you wish to advise, or which may be of interest to the Insurers, to provide Insurers with a better understanding of this matter? If so, please provide details (along with supporting documentation).

---

I, \_\_\_\_\_ (print name in full),

\_\_\_\_\_ (print position in full)

of the Insured and on behalf of the Insured declare the above answers to be true AND acknowledge that the Insurer(s) may make its/their decision on indemnity having regard to these answers.

---

Signature

---

Date



## FORM OF NOTIFICATION OF CLAIM PROFESSIONAL INDEMNITY INSURANCE

### Privacy Act 1988

#### Privacy and Consent Statement

We are committed to respecting your privacy and wish to ensure that you are not only aware of our Privacy Policy but provide your informed permission for us to collect, use and disclose your personal information for the following purposes:

- (a) investigation of potential claims; and
- (b) claims processing.

In the course of undertaking our functions and activities as stated above, it may be necessary to collect from and disclose to the following third parties your personal information (including sensitive information and health information):

- (a) investigators;
- (b) cost assessors;
- (c) experts;
- (d) medical advisors;
- (e) solicitors; and
- (f) persons/organisations engaged or requested by Allianz to assist in the processing and determination of your claim.

Except as stated above or as otherwise required or authorised by law, we will not collect, use or disclose your personal information to any other third party without your prior knowledge or consent.

Collection of your personal information is governed by the Privacy Act 1988 (Cth) and/or with your consent.

Any third party to which your personal information is collected from or disclosed to will be provided with a copy of this Privacy and Consent Statement for the purposes of ensuring that they respect your privacy.

You are permitted to access your information held by us and should contact our Privacy Officer if you wish to do so or if you have any questions about the way we handle your personal information.

If necessary personal information is not provided, we will be unable to process or continue to process your claim or investigate a potential claim.

#### Declaration

I have read and understood this Privacy and Consent Statement and consent to the collection, use and disclosure of my personal information by Allianz to those persons/organisations as stated above, in order that my claim can be processed.

Signature:

Print Name:

Date:

Claim Number: