

# Management Liability Claim / Notification Form

<b>Section 1</b>	<b>Policy Information</b>
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Full Name of the Insured Corporation giving notification \_\_\_\_\_

Policy Number \_\_\_\_\_

Address details \_\_\_\_\_

Occupation \_\_\_\_\_

Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Name of the Directors/Officers giving notification \_\_\_\_\_

Address of Directors/Officers giving Notification \_\_\_\_\_

Are you registered for GST? Yes  No

What is your ABN? \_\_\_\_\_

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy? Yes  No

Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? Yes  No

Specify the percentage amount claimed or intended to be claimed \_\_\_\_\_%

<b>Section 2</b>	<b>Details of the Relevant Insured Person(s)</b>
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Full Name of the Insured Person(s) who is/are the subject of the claim or potential claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Insured Entity of which such Insured Person(s) is/are a Director/Officer or Employee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name of the Claimant or potential Claimant (i.e. the party making the claim upon the Insured)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of the Claimant

\_\_\_\_\_  
\_\_\_\_\_

<b>Section 3</b>	<b>Details of the Subject Activity</b>
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From what activity on the part of the insured does the claim or potential claim arise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

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When was the activity from which the claim arises or may arise performed or undertaken?

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<b>Section 4</b>	<b>Details of Claim or Circumstance</b>
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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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On what date did you first become aware of the claim or of such fact or circumstance? On what date was the claim or the intimation of a claim first made against you? Was the first intimation of a claim verbal or in writing?  
(If in writing please attach a copy)

Date \_\_\_\_\_

Date \_\_\_\_\_

Verbal

In Writing

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

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What amount, if any, is claimed?

\$ \_\_\_\_\_

<b>Section 5</b>	<b>Details of Insured's Response</b>
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What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

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<b>Section 6</b>	<b>Additional Details</b>
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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 additional details about which you wish to advise, or which may be of interest to the insurer, so that the insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.

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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:** \_\_\_\_\_

**IDR Statement:**

*Catlin Australia Pty Limited, trading as Brooklyn Underwriting, provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details.*

*If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).*

**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 Brooklyn Underwriting 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 Brooklyn Underwriting to those persons/organisations as stated above, in order that my claim can be processed.

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

Print Name: \_\_\_\_\_

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