



Professional Indemnity Claim Form

PROFESSIONAL INDEMNITY CLAIM FORM

IMPORTANT NOTICE

- Please read the Claim Form fully prior to answering the questions.
- Please do not include any statement or comment on this form which could be construed as an admission of fault.
- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.
- All** questions must be answered as fully as possible using additional sheets if necessary copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form please contact your Insurance Advisor or Broker Immediately.
- Kindly note you should not take any action or admit any liability and settle the matter without your insurer's prior approval.
- Please send the completed Claim Form, as soon as possible to your insurance advisor or broker or to:

Claims Manager
Professional Risks Division
Brooklyn Underwriting

PO Box 101
Grosvenor Place
SYDNEY NSW 1220

Ph: (02) 8274-8177
Fax (02) 9252-2538

PRIVACY STATEMENT

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person*) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information (and receive some personal information from), when necessary and in connection with the purposes listed above, to other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover.

Access

You can request access to the personal information by contacting Brooklyn Underwriting at the address shown below.

Privacy Statement issued

PO Box 101 Grosvenor Place NSW 1220

1.0. DETAILS OF THE INSURED:

1.1 Name of Firm / Practice:	
1.2 Contact Name:	
1.3 Contacts Email Address:	
1.4 Contact Phone Number:	
1.5 Contact Mobile Number:	
1.6 Postal Address:	

2.0. DETAILS OF CLAIMANT:

2.1 Name of Potential Claimant:	
2.2 Postal Address of Claimant:	

3.0. DETAILS OF RETAINER / INSTRUCTION / CONTRACT

3.1 What were you retained / instructed / contracted to do?

3.2 Was your retainer / contract for services evidenced in writing? If so, please attach a copy. If not please provide appropriate particulars.

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

3.4 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?

3.5 Please provide a copy of the report / advice (whether oral or written) that is subject of the potential claim.

6.0 DECLARATION

I, (Full Name)

Name

Position Held

Of the Insured and on behalf of the Insured declare the above answers to be correct AND acknowledge that interested Insurers may make its decision on indemnity having strong regard to the answers disclosed on this form.

Signature

Date
/ /