

PROFESSIONAL INDEMNITY CLAIM FORM

- The information contained in the claim form and any other related documentation provided to us is confidential and has been provided for the consent of 'about Underwriting' to obtain legal advice in relation to the claim or circumstance(s) notified herein.
- The claim form is to be signed by a Partner, Principal or Director of the Insured.
- All questions must be answered as fully as possible.
- If you have any questions when completing this claim form please contact your insurance broker for guidance.
- No admission of liability or offer of settlement should be made without our consent.

Privacy

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed at aboutunderwriting.com.au

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to privacy@aboutunderwriting.com.au

Consent

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

Complaints or Disputes

If you wish to make a complaint about our products or services, or a Privacy breach, you can contact us at complaints@aboutunderwriting.com.au or privacy@aboutunderwriting.com.au Please refer to our complaints & disputes process detailed at aboutunderwriting.com.au

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia

Level 9, 1 O'Connell St

Sydney NSW 2000

Telephone Number: (02) 8298 0783

Email: ldraustralia@lloyds.com

who will refer your dispute to the Complaints team at Lloyd's.

Complaints that cannot be resolved may be escalated to an independent dispute resolution body; Financial Ombudsman Services Limited (FOS). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply.

Contact details are:

Financial Ombudsman Services Limited

Phone: 1800 367 287

Email: info@fos.org.au

Internet: <http://www.fos.org.au>

GPO Box 3, Melbourne, VIC 3001



DETAILS OF THE INSURED

Named Insured:

Insured Address:

Occupation:

ABN: Input Tax Credit:

Broker:

Broker Contact Person:

Broker Telephone:

POLICY DETAILS

Policy Number: Policy Period:

GENERAL INFORMATION

Claimant Name:

Address:

Telephone:

Solicitors Name:

Solicitors Telephone:

DETAILS OF THE CLAIM / CIRCUMSTANCE

a. What were you retained or contracted to do which may give rise to a possible claim?

b. Was your contract confirmed in writing?

Yes

No

If Yes, please provide a copy

c. Please advise the precise nature of the claim or circumstance that might give rise to a claim:

d. When did you perform the work from which this claim or circumstance arises?

e. Please advise date you first became aware of the claim or circumstance that may give rise to a claim:

f. Please advise quantum of the claim or notification:

g. What are your views in relation to the claim allegations:

h. What action do you consider should be taken?

DECLARATION

I, Full Name:

Position:

Of the Insured and on behalf of the Insured declare the above answers to be true and correct and acknowledge that **about** Underwriting may make its decision on indemnity having regard to these answers.

Your Signature:

Date:



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