QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Professional Liability Insurance Claim Form

Important Notice:

Please read the Claim Form fully prior to answering the questions.

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 and 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.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Ava Bentley
National Claims Manager
Professional Liability Claims
QBE Insurance (Australia) Limited
85 Harrington Street
SYDNEY NSW 2000

A. Details of Insured

1. Full Name of the Insured

Address of the Insured

	State		Postcode	

Policy Number / Certificate (if known)	
Contact person	
Telephone	( )

	Fax	( )

B. Details of Claimant

2   (a). Full Name of Claimant or potential Claimant (i.e. the party claiming against you or the firm/company)

(b). Address of the Claimant

	State		Postcode	

C. Details of Insured's Retainer / Contract

3   (a). What were you retained/contracted to do?

C. Details of Insured's Retainer/Contract (continued)

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

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

5. 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.

D. Details of Claim or Circumstance

6. 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?

7. On what date did you first become aware of the claim or of such fact or circumstance?

8. On what date was the claim or the intimation of a claim first made against you?

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

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

10. What amount, if any, is claimed?

E. Details of Insured's response

11 (a). What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

(b). 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?

12. Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

F. Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

	%	(Between 0% and 100%)

G. Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or is withheld

2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature	X	Date	/ /

Full name	

Position	

QBE