



# Professional Indemnity

## Claim form

Zurich does not admit liability by the issue of this form. It has been issued to assist the insured to notify a claim under a professional indemnity policy.

Claim number

(Zurich use only)

### Important information

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- In the event of a claim, Zurich Australian Insurance Ltd will:
  - Acknowledge receipt and assign a dedicated claims specialist who will contact you within 2 business days.
  - Advise whether further information is required to consider coverage within 10 business days following receipt of a new claim.
  - Following receipt of all requested information, we will advise you of our decision concerning indemnity.
  - If the claim is covered, we will keep in close contact with you to assist with the management of your defence.

### Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request or on our website - go to [www.zurich.com.au](http://www.zurich.com.au) and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au) or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

### 1 Policy details

Policy holder (the company who purchased the policy and in whose name the policy is held)

.....  
The policy number

.....  
The policy year/period

Is there any other insurance that may be applicable to the notification? Yes  No

If you answered 'Yes' to the above question, please provide details

Insurer  
.....

Policy holder  
.....

Type of insurance  
.....

Period of insurance  
.....

Has this matter been notified to that insurer? Yes  No

**2 Important notice – Please provide the following documents**

1. Any written demands,
2. Correspondence relating to that demand,
3. Any contract which is in issue,
4. If claim is against a subsidiary company, provide details on ownership structure of subsidiary.

**3 Your contact details**

Name .....

Address ..... State ..... Postcode .....

Phone number ..... Fax number .....

Mobile ..... Email address .....

**4 Details of claim**

Date reported to you     /     / .....

Date incident occurred or work performed or completed .....

Incident reported by .....

Incident reported to .....

What is the basis of the claim (or potential claim) against you? .....

When were you first aware that a claim may be made against you? .....

Was the claim made in writing? Yes  No

Was the claim made verbally? Yes  No

If 'Yes', please provide details of any conversations, when they occurred and whom they were between .....

What is the amount claimed against you? \$ .....

Please provide your comments regarding the allegations .....

**Summary of claim**

**List of documents attached**

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....

## 5 Declaration

By sending this form to Zurich, I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

Name

Date

/ /

## Contact details

Zurich has a dedicated claims team for your Professional Indemnity claim. To lodge your claim, you can use email, mail or fax.

Email address

**fl.claims@zurich.com.au**

Mail address

**The Claims Manager  
Financial Lines Claims  
PO Box 677  
North Sydney NSW 2059**

Fax number

**+61 (0)2 9995 2059**

Please attention your fax to The Claims Manager Financial Lines

If you wish to call us to discuss a potential claim, please feel free to call us on our National Inquiry Line

**Phone 132 687**

You can find additional information on our website

**www.zurich.com.au**