

# Professional Liability Claim form

## Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance (Australia) Limited.

### How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A. Details of Insured

1. Full Name of the Insured

2. Address of the Insured

3. Policy Number/Certificate (if known)

4. Contact person

5. Telephone

Work

Mobile

Fax

Email address

## B. Details of Claimant

1. Full Name of Claimant or potential Claimant (ie the party claiming against you or the firm/company)

2. Address of the Claimant



### C. Details of Insured's Retainer/Contract

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

(b) Was your retainer/contract for services evidenced in writing?

Yes  No

If 'Yes', please attach a copy, and tick to indicate enclosure.

If 'No', please provide appropriate particulars.

Enclosed

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

3. 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

1. 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?

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

dd / mm / yyyy

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

dd / mm / yyyy

4. Was the first intimation of a claim verbal or in writing?

Verbal  Written

If in writing please attach a copy, and tick to indicate enclosure.

Enclosed

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

5. What amount, if any, is claimed?

## E. Details of Insured's response

1. (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?

2. 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?

Yes  No

If 'Yes', please provide details along with supporting documentation, and tick to indicate enclosure.

Enclosed

## Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at <http://www.qbe.co.nz/New-Zealand/About-QBE/Privacy/Insurance.html>.

When you give us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide the personal information we've requested, we may be unable to issue, administer or manage products or provide services.

## Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

**PRINT**