

solution.

# Professional Indemnity Claim Form

Claim Form



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# Important Information

This claim form has been issued to assist the insured to notify a claim under a **professional indemnity** policy.

- The issue of the claim form does not indicate acceptance of the claim.
- Do not admit liability.
- Make sure you provide all the details about your claim and complete all sections of the form.
- The insurer will acknowledge receipt and assign a dedicated claims specialist who will contact you or your broker within 2 business days.
- Within 10 business days you will be advised by the insurer if any further information is required to consider coverage within 10 business days following receipt of a new claim.

## Definitions

In this form:

**us, we** means Solution Underwriting Agency Pty Ltd (Solution);

**you, your** means the Insured making the claim

**insurer** means the Insurer named in your insurance policy.

## Privacy Statement

### What information do we collect and how do we use it?

When we arrange insurance on your behalf, we only ask you for the information we need and we only use the information that we collect for the primary purpose(s) for which we collect it. These are:

- Providing quotes for insurance cover (including obtaining risk carrier confirmation where necessary);
- Issuing insurance policies;
- Handling claims under insurance policies;
- Providing information about insurance matters;
- Dealing with brokers, risk carriers and reinsurers; and
- Operating our business.

This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your financial situation, health and wellbeing.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (e.g. various Underwriters at Lloyd's), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical brokers etc.) to enable it to consider your claim. Again, this information may be passed on to reinsurers.

### What if you don't provide some information to us?

We can only fully arrange your insurance or assist you with a claim, if we have all relevant information. The insurance laws require you to provide us with the information we need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which is relevant to our decision to insure you.

### When do we disclose your information overseas?

If you ask us to seek insurance terms, we may place your business with Lloyd's of London or an overseas insurer located outside Australia. They will require you to disclose information to them to enable them to make a decision about whether to insure you.

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We will tell you at time of arranging your insurance if the insurer is overseas and in which country the insurer is located. If the insurer is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Disclosing personal information on applications for insurance with various Underwriters at Lloyd's, or with insurers that operate within the companies market, will be permissible because the European Union (EU) data protection laws provide comprehensive protection for the personal information of insureds which is similar to the APPs and you can pursue your rights if there is a failure to comply with those laws.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world, so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. These policy administration providers and underwriting systems may be supported and maintained by organisations overseas and your information may be disclosed to those organisations. Please note that The Privacy Act and APPs may not apply to these organisations.

### **How do we hold and protect your information?**

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We hold the information we collect from you in a working file, which when completed is securely stored electronically. We scan all paper documents and then shred originals.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

### **Will we disclose the information we collect to anyone?**

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, for example to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. However, we will take reasonable measures to ensure that they protect your information as required under The Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which The Privacy Act permits.

### **How can you check, update or change the information we are holding?**

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information, please write to our Privacy Officer at Solution Underwriting, as they are responsible for all matters to do with privacy.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time, then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information, or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

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**What happens if you want to complain?**

If you have concerns about whether we have complied with The Privacy Act or this Privacy Policy when collecting or handling your personal information, please write to our Privacy Officer at Solution Underwriting at the address shown the beginning of this document.

Your complaint will be considered by us through our Internal Complaints Resolution Process. We will acknowledge your complaint within 24 hours and we will respond with a decision within 30 days of you making the complaint. If we need to investigate your complaint and require further time, we will work with you to agree to an appropriate timeframe to investigate. We will provide you with information concerning referring your complaint to the Australian Financial Complaints Authority (AFCA) if we cannot resolve your complaint.

**Your consent**

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

**How to contact us**

If you have a complaint or would like more information, please contact our compliance team on 03 9654 6100 or email [compliance@solutionunderwriting.com.au](mailto:compliance@solutionunderwriting.com.au) or contact the Privacy Officer at our business address at the end of this document.

Our privacy policy and complaints process are available on our website [www.solutionunderwriting.com.au](http://www.solutionunderwriting.com.au).

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## 1. Insured details

Name:

Business or Trading Name:

Policy Number:

Address Details:

Occupation:

Contact Name:

Home Phone:

Business Phone:

Mobile:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fax:

Email:

<input type="text"/>	<input type="text"/>
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Is the Insured registered for GST?

Yes

No

What is the Insured's ABN?

Has the Insured claimed or do they intend to claim an input tax credit on the GST applicable to this policy?

Yes

No

Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

Yes

No

Please specify the percentage amount claimed or intended to be claimed:

<input type="text"/>	%
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## 2. Claim/incident details

Date when services rendered, out of which a Claim has been/might be made against the Insured:

Date:

Date when the Insured:

a. First became aware that there existed a set of circumstances which may result in a Claim being made

Date:

b. First received a notice of intention of any party to make a Claim

Date:

The Insured's opinion of possible rectification costs OR potential amount of possible claim:

Approx \$

Please provide a brief description of service provided (If your contract/retainer was in writing please provide a copy):

Allegations made/anticipated against the Insured:

Has the Insured admitted responsibility/liability for the claim/incident? Yes      No

Does the claim involve a product that the Insured manufactured or supplied to another person? Yes      No

If **YES**, please provide details:

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### 3. Details of party or parties making claim against the Insured

Name:

Address Details:

Business Phone Number:

Mobile:

<input type="text"/>	<input type="text"/>
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Solicitor's Name:

### 4. Witnesses

Name - **Witness 1:**

Address Details:

Home Phone:

Business Phone:

Mobile:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship (e.g. employee, family, friend, previously known):

Name - **Witness 2:**

Address Details:

Home Phone:

Business Phone:

Mobile:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship (e.g. employee, family, friend, previously known):

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## Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Solution, my insurance broker and the insurer and its agents using the personal information I have provided on this form for the purposes of processing my claim. I consent to the disclosure of sensitive information to third parties in order to process this claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of the insurance claim.

I understand that if this consent is not given the insurer and its agents will not be able to process this insurance claim.

### Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature:

Name:

Position:

Date (DD/MM/YY)

Please indicate the number of additional pages attached to this claim form:

### Send claim form to:

Solution Underwriting Agency Pty Ltd  
Level 5, 289 Flinders Lane,  
Melbourne, VIC 3000 Australia

P: 03 9654 6100

Email: [claims@solutionunderwriting.com.au](mailto:claims@solutionunderwriting.com.au)



**solution.**

Next Level  
Underwriting™

Solution Underwriting  
Agency Pty Ltd

Level 5, 289 Flinders Lane  
Melbourne, VIC 3000

P. 03 9654 6100  
[solution@solutionunderwriting.com.au](mailto:solution@solutionunderwriting.com.au)

ABN 68 139 214 323 AFSL 407780

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[solutionunderwriting.com.au](http://solutionunderwriting.com.au)