



SOLUTION
COMMERCIAL LEGAL
PROTECTION INSURANCE

Solution Commercial Legal Protection Policy Claim Form

Important information

This claim form has been issued to assist the insured to notify a claim under a **commercial legal protection** 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;

you, your means the insured making the claim

insurer means the insurer named in your insurance policy.

Privacy

We will collect your completed claim form and the accompanying Information from your broker and from yourself and forward this information to the insurer.

We are bound by the Privacy Act 1988 (Cth). Before providing us with any personal or sensitive information ('Information'), you should know that:

- We collect, use, process and store personal information and, in some cases, sensitive information about you such as health information, in order to comply with our legal obligations, to provide the claim form to the insurer to allow it to assess your claim application and manage your claim ('purposes').
- If you do not agree to provide us with the Information, the insurer may not be able to process your application or assess and / or pay your claim.
- By providing us with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your personal information, including your sensitive information, to us, the insurer and reinsurers, your broker, service providers, business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, authorities and as required by law within Australia or overseas. The insurer may obtain Information from government offices the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.
- In most cases, on request, we will give you access to personal information held about you. In some

circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

- For further information about our Privacy Policy please refer to the Privacy link on our homepage – www.solutionunderwriting.com.au contact us by telephone on 03 9654 6100 email us at solution@solutionunderwriting.com.au

Insured details

Name:

Policy number:

Address:

State:

Postcode:

Phone number:

Email:

Details of your opponent (as defined in the policy)

Name:

Address:

State:

Postcode:

Phone number:

Email:

Details of claim

Date reported:

Date: (DD/MM/YY)

/ /

When did you first become aware
of the claim: Date: (DD/MM/YY)

/ /

Head of cover:

Contractual dispute

Tax audit

Statutory licence protection

Landlord disputes

Restrictive covenants

Third party damage to goods or premises

Debt recovery

If you have any of the following documents, please attach them to this claim form:

1. Letter of demand, including any emails;
2. Writ, Summons, Statement of Claim or any other relevant court documents;
3. Any tax audit notice from the relevant statutory body such as the ATO or SRO; and,
4. Any other document relevant to this claim.

Describe the issues under dispute:

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 and the insurer, Chubb Insurance Australia Limited (ABN: 23 001 642 020; AFSL: 239687), 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

Applicant's Signature:

Applicant's Name:

Date:

/ /

Any queries, please contact us

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