



# General Liability Claim Form

## Solution Underwriting Agency Pty Ltd

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ABN 68 139 214 323 AFSL 407780

## 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.
- 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](http://www.solutionunderwriting.com.au) contact us by telephone on 03 9654 6100 email us at [solution@solutionunderwriting.com.au](mailto:solution@solutionunderwriting.com.au)

# Section 1

## Policy

Name

Business or Trading Name

Policy Number

Address Details

Contact Name

Occupation

Home Phone

Business Phone

Mobile

Fax

Email

Are you registered for GST?

Yes

No

What is your ABN?

Have you claimed or do you 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

Specify the percentage amount claimed or intended to be claimed:

%



Did the accident or injury arise out of the use of a vehicle?	Yes	No
Was the motor vehicle registered or required to be registered?	Yes	No
If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?	Yes	No
Do you believe that another party or person is responsible?	Yes	No
If Yes, provide details		

## Section 3

### Details of party or parties making claim against

Name

Address Details

Home Phone

Business Phone

Mobile

Solicitor's Name

## Section 4

### Witnesses

Name - Witness 1

Address Details

Home Phone

Business Phone

Mobile

Relationship (e.g. employee, family, friend, previously known)

Name - Witness 2

Address Details

Home Phone

Business Phone

Mobile

Relationship (e.g. employee, family, friend, previously known)

## 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

Applicant's Signature:

Applicant's Name:

Date:

/ /

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

## Any queries, please contact us

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**Solution Underwriting Agency Pty Ltd is forwarding this claim form on behalf of the Insurer named in your policy of insurance.**