



# Professional Indemnity Claim Form

## Solution Underwriting Agency Pty Ltd

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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.
- 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

Occupation

Contact Name

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:

%

## Section 2

### Claim/Incident Details

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

Date when the Insured:

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

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

Your opinion of possible rectification costs OR potential amount of possible claim Approx \$

Brief description of service provided. If your contract/retainer was in writing please provide a copy.

Allegations made/anticipated against Insured

Have you admitted responsibility/liability for the claim/incident? Yes No

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

If Yes, provide details

## Section 3

### Details of party or parties making claim against you

Name

Address Details

Business Phone Number

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)

