



Professional Indemnity – Claim or Notification of Circumstances Form

IMPORTANT NOTICES

Purpose of this Form

The purpose of this form is to report any claim, allegation or facts or circumstances out which a claim might arise.

Do Not Admit Liability

Under NO circumstances should you:

- admit liability or fault; or
- enter into correspondence or negotiations with an aggrieved third party.

Such actions may compromise the indemnity provided under your policy.

Additional Correspondence

Please attach all correspondence which you have received in relation to any circumstance, allegation or fact which are detailed in this form. This correspondence may be in the form of the original documentation you received from an aggrieved third party, invoices, reports and/or Statement of Claim. Please, do NOT reply to any of the correspondence.

Insufficient Space in this Proposal Form

If there is insufficient space in this proposal form for you to fully answer any questions or provide the requested information, please attach a page with the additional information.

Privacy Notice

We are bound by the Privacy Act and its associated Australian Privacy Principles (APP's) when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

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1. INSURED

Name of Insured

Policy Number

Contact Person

Work Phone Number

Mobile Number

Email Address

Postal Address

Broker/Agent Name

GST Details

Please advise your:

a. Australian Business Number (A.B.N.)

b. Input Tax Credit entitlement in claiming GST is

%



2. CLAIMANT (i.e. the party making a claim against the Insured)

Please advise the full name of the Claimant or potential Claimant and their contact details:

Name of Claimant

Contact Person

Work Phone Number

Mobile Number

Email Address

3. RELEVANT PROFESSIONAL BUSINESS ACTIVITY OF THE INSURED

From what professional business activity on the part of the Insured does the claim or potential claim arise?

Was the performance or undertaking of such professional business activity evidenced in writing? If so, please attach a copy, otherwise please provide appropriate particulars.

When was the professional business activity from which the claim arises or may arise performed or undertaken?

/ /

4. DETAILS OF CLAIM, ALLEGATION OR FACTS OR CIRCUMSTANCES

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

/ /

On what date was the claim, allegation or the intimation of a claim first made against you?

/ /

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

YES NO

If "YES", please attach a copy

If "NO", please give a "first person" account of the conversation:

What is the likely amount of the Claim?

\$

5. INSURED'S FEEDBACK

What are your comments in response to the claim, allegation or the fact or circumstance that may give rise to a claim?

Are there any additional details about which you wish to advise, or would be to the Insurers interest to better understand this matter? If so, please provide details and attached all supporting documentation.

6. RISK MANAGEMENT

Could this incident be avoided in the future? YES NO

If "YES", how?

Could this loss amount be reduced? YES NO

If "YES", how?

What action will you take in the future for your business to avoid or reduce the likelihood of a similar incident occurring again?

If applicable, when will this action be implemented? / /

7. DECLARATION

I/We

a) declare that:

- i. I/we have read and understood the clauses detailed under the Important Notices section at the front of this form;
- ii. the answers and information given by me/us in this form are true and correct in all respects;
- iii. no information has been withheld that would affect this claim or circumstance;
- iv. where answers in this form are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct.

b) authorise the Underwriters to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.

c) acknowledge that the Underwriters may refuse a claim or reduce their liability if any information is untrue, inaccurate or concealed.

Signature of Insured

Title/Position

Name (in print)

Date / /

