THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Professional Indemnity

Claim Form

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

IMPORTANT NOTICE:

- This form is to be completed and signed by a Principal of the Insured when notifying a Claim or a fact or circumstance that has the potential to give rise to a Claim.
- All questions must be answered in full. If there is insufficient space, please provide further details on the Insured's letterhead.
- Please attach all relevant correspondence and documentation.

A PARTICULARS OF INSURED

1. Name:

2. Residential Address:

Street Address:

Suburb/Town: State: Postcode:

3. Contact Person:

4. Telephone:

5. Email:

6. Policy Number:

Period of Insurance: From To

7. Broker Details:

Name:

Email:

Telephone

Are you registered for GST Purposes: ☐ YES ☐ NO

*If **Yes,** what is your ABN:*

What percentage (if any) of GST on premium has been applied as an Input Tax Credit? %

THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Professional Indemnity

Claim Form

B CLAIMANT / POTENTIAL CLAIMANT

1. Name:

2. Residential Address:

Street Address:

Suburb/Town: State: Postcode:

3. Telephone 4. Facsimile:

5. Email:

6. Claimants Solicitors (If any):

C INSURED'S RETAINER / CONTRACT

1. Who were you retained by / Who did you contract with?

2. What were you retained / contracted to do?

If the retainer / contract was in writing, please provide a copy)

3. When did you perform the work out of which the Claim has arisen or may arise?

4. The name of the person who performed the work:

THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Professional Indemnity

Claim Form

D CLAIM OR CIRCUMSTANCE

1. What has been claimed against you or what fact or circumstance might give rise to a Claim?

2. When did you first become aware of the Claim or circumstance that might give rise to a Claim?

3. When was the Claim or an imitation of a Claim first made against you?

4. Was the Claim or an imitation of a Claim made in writing? ☐ YES ☐ NO
   *If **Yes,** please provide a copy*

5. Was the Claim or an imitation of a Claim made verbally? ☐ YES ☐ NO

6. What is the likely quantum of the Claim or potential Claim?

E YOUR COMMENTS

1. What are your comments in response to the Claim or in respect ot the potential claim?

Professional Indemnity
Claim Form

2. Do you have further information concerning this matter, which may be of assistance to Insurers?

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____