Professional Liability Insurance Claim Form





Important notice:

Please read the Claim Form fully prior to answering the questions.

The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.

All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker to:

Professional Liability Claims QBE Insurance (Australia) Limited GPO Box 219 PARRAMATTA NSW 2124

A. Details of insured

1.	Full name of the insured				
	Address of the fee				
	Address of the insured		State	Postcode	
	Policy number/Certificate (if known)		,		
	Contact person				
	Telephone		Facsimile		
B.	Details of Claimant		1		
2.	(a) Full name of Claimant or potenti	al Claimant (i.e. the party claiming agai	nst you or the firm/company)		
	(b). Address of the Claimant				
			State	Postcode	
C.	Details of insured's retainer/C	ontract	State	Postcode	
C. 3.	Details of insured's retainer/C (a). What were you retained/contra		State	Postcode	
			State	Postcode	
			State	Postcode	
			State	Postcode	
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C.	Details of insured's retainer/Contract (b) Western retainer/Contract for considered in writing? If so please attach a conv. If not please provide appropriate particulars
	(b). Was your retainer / contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars
4.	When did you provide the work out of which the claim arises or may arise?
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5.	Please provide the name of the person within the firm/company who actually performed the work or against whom the claim or potential claim is principally directed.
D.	Details of claim or circumstance
6.	What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?
7	On what date did you first become aware of the claim or of such fact or circumstance?
7.	On what date did you hist become aware or the claim of or such fact of circumstance?
8.	On what date was the claim or the intimation of a claim first made against you?
9.	(a). Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)

D. Details of claim or circumstance								
		, please give a "first person" account of the conversation						
10.	What amoun	, if any, is claimed?						
E.	Details of I	nsured's response						
11.	(a) What ar	e your comments in response to the claim or the fact or circumstance that mig	tht give rise to a claim?					
	(b) What ar	e your comments on the quantum of the claim and what is your estimate of yo	ur potential monetary	liability, if any, to the Claimant?				
		<u> </u>						
12.		itional details about which you wish to advise, or which may be of interest to G	QBE, so that QBE will ha	ve a better understanding of				
	this matter? I	so, please provide details along with supporting documentation.						
F.	Addendun							
		extent to which (as a percentage) the Insured is entitled to claim an Input Tax (puts. This is also known as the Taxable Percentage of the Business.	Credit (ITC) for the Good	ds & Services Tax (GST) paid on				
		•						
	% (ве	ween 0% and 100%)						
G.	Declaration	and authorisation						
		nd answers given above are true, correct and complete in every detail.						
		nd the claim may be refused if information is not true or is withheld						
	I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the							
	course of this	· · · · · · · · · · · · · · · · · · ·		3				
		licy describes how we collect, disclose, store and use personal information as						
	•	use personal information to issue, administer and manage products and prov au/privacy, or to obtain a free copy phone us on 133 723 or ask one of our autl		• •				
	share personal information with other QBE Group companies, our authorised representatives and service providers, each of which may be based							
	outside of Australia. By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so. If you don't provide all of the							
		nation we've requested, we may be unable to issue, administer and manage p						
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Sig	nature of insur	d	Date					
Full	l name							
	sition							
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