



Association 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 the Chairman, President, Managing Director or Chief Executive Officer.

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 or to:

Claims Unit Manager
Professional Liability
QBE Insurance (Australia) Limited
85 Harrington Street
SYDNEY NSW 2000

Details of Insured Association or Directors/Officers Giving Notification of a Claim or Potential Claim

Full Name of the Insured Association giving notification.

Address of the Insured Association giving notification.

State

Postcode

Full Name of the Director/Officers giving notification.

Address of the Directors/Officers giving notification.

State

Postcode

Policy Number/Certificate (if known).

Contact person.

Telephone No. ()

Fax No. ()

Details of the Relevant Insured

Full Name of the Insured who is the subject of the claim or potential claim.

Details of Claimant

Full Name of the Claimant or potential Claimant (i.e. the party making the claim upon the Insured).

Address of the Claimant.

State

Postcode

Details of the Subject Activity

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

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

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

Details of Claim or Circumstance

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?

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

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

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Was the first intimation of a claim verbal or in writing?
(If in writing, please attach a copy).

Verbal Writing

If verbal, please give a 'first person' account of the conversation.

What amount, if any, is claimed?

Details of Insured's Response

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

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

% (Between 0% and 100%)

Declaration

I, Full Name

Position

of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that QBE may make its decision on indemnity having regard to these answers.

Signature

X

Date

/ /

