Professional Indemnity Claim Form

NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

Please do not include any statement or comment on this form which may be construed as an admission of fault.
Please attach any supplementary information and relevant correspondence.

INSURED

POLICY NUMBER

YOUR DETAILS

NAME

Full legal name of each incorporated body or natural persons including any business or trading names

LEGAL NAME / BODY / PERSONS / TRADING NAME

ABN

GST

Are you registered for GST? ☐ Yes ☐ No Tax Credits Claimed: %

ADDRESS

Insured's Address

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

CONTACT DETAILS

CONTACT NAME 1

CONTACT NAME 2

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL

FAX

INSURANCE PERIOD

DATE FROM (DD/MM/YY)

DATE TO (DD/MM/YY)

CLAIM DETAILS

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

DATE (DD/MM/YY)

Name of client you were retained by/contracted to and the specific nature of your duties under theretainer/contract

DATE WHEN THE INSURED

(a.i) first became aware that there existed a set ofcircumstances which may result in a claim being made

DATE (DD/MM/YY)

(a.ii) Please advise how this was originally communicated

(b. i) first received a notice of intention of any party to make a Claim

DATE (DD/MM/YY)

(b.ii) Please advise how this was originally communicated

CLAIM DETAILS

COSTS

Your opinion of possible rectification costs OR potential amount of possible Claim

$

APPROX ($) VALUE

CLAIMANT

Name and details of claimant/ potential claimant. If the claimant/potential claimant has legal representation, please provide details.

FIRST NAME

LAST NAME

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

TELEPHONE NUMBER

MOBILE NUMBER

LEGAL REPRESENTATION DETAILS

Is the claimant a current client? ☐ Yes ☐ No

Have your fees been fully reimbursed, if not have you instigated recovery? ☐ Yes ☐ No

Do you have a good relationship? ☐ Yes ☐ No

Please disclose any further information about the above questions

Please provide a summary of the circumstances/ background to this notification

LIABILITY

Please give your views on your potential liability

☐ Liable ☐ Possible ☐ Not Liable

Please state why you think this

If you believe any other party may be liable, please provide details below including an estimate of any possible quantum

What risk management actions, if any, have you taken or intend to take as a result of this incident?

SHOULD ANY RESPONSES REQUIRE FURTHER ELABORATION, PLEASE CONTINUE ON A SEPARATE SHEET.

DECLARATION

Contact details for Miramar Underwriting Agency are:

Miramar Underwriting Agency Pty Ltd
Level 3, 43-45 East Esplanade, Manly, NSW, 2095
Phone +61 2 8962 2700
Fax +61 2 8962 2799

I/ We hereby declare that:

The above statements are true, and I/ we have not suppressed or mis-stated any facts. I/ we understand that if I/ we choose not to provide the required details, this is my/ our choice, however, Miramar Underwriting Agency Pty Ltd may not be able to process my/ our claim.

I/ We authorize Miramar Underwriting Agency Pty Ltd, to collect or disclose any personal information relating to this insurance to/ from any insurers or insurance reference service or collecting additional information about me/ us, from investigators or legal advisors.

Where I/ we have provided information about another individual I/ we declare that the individual has been or will be made aware of that fact.

To be signed by the Chairman/ President/ Managing Partner/ Managing Director/ Principal of the association/ Partnership/ Company/ Practice/ Business.

Candidate

NAME

TITLE

X

SIGNATURE

DATE (DD/MM/YY)

NOTES