



PO Box 887 Subiaco WA 6904

e enquiry@bruce.com.au

t (08) 9382 5600

f (08) 9382 3415

www.bruce.com.au

Professional Indemnity Claim Form

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.

INSURED

Full Name

Street Address

Contact Person

Facsimile

Suburb/City

State

Postcode

Work Phone

Work Fax

Mobile

Home Phone

Email

POLICY DETAILS

Policy No.

Period of Insurance

From:

To:

Broker

Telephone

Facsimile

Email

Are you registered for GST Purposes?..... Yes No

If so what is your ABN:

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

CLAIMANT / POTENTIAL CLAIMANT

Name

Street Address

Telephone

Facsimile:

Email

Claimants Solicitors: (if any)

INSURED'S RETAINER / CONTRACT

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

What were you retained / contracted to do? (If the retainer / contract was in writing, please provide a copy)

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

The name of the person who performed the work:

CLAIM OR CIRCUMSTANCE

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

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

When was the Claim or an intimation of a Claim first made against you?

Was the Claim or an intimation of a Claim made in writing? (If Yes, please provide a copy)

Was the Claim or an intimation of a Claim made verbally? (If Yes, please provide a copy)

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

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____

Signature: _____