



Risk Claim Form

PROFESSIONAL LIABILITY INSURANCE

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

INSURED DETAILS

Full name						
Address					State	
					Postcode	
Phone number			Fax number			
Email						

IMPORTANT NOTICE – PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- Any written demands
- Correspondence relating to that demand
- Any contract which is in issue
- If claim is against a subsidiary company, please provide details on ownership structure of subsidiary

PART 1: CLAIMANT DETAILS

Full name						
Address					State	
					Postcode	
Phone number			Fax number			
Email						

PART 2: DETAILS OF CLAIM

Date reported	/ /	Date incident occurred or work performed or completed	/ /
Incident reported by			Incident reported to
What is the basis of the claim (or potential claim) against you?			
When were you first aware that a claim may be made against you?			
Was the claim made in writing? (If yes, please attach a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the claim made verbally? (If yes, please provide details of any conversations, when they occurred and who between.			<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the amount claimed against you?			\$
Please provide your comments regarding the allegations			
Authorised signatory	Name of signatory and title		Dated
			/ /