



# Professional Risks

*Claim Form*

VBRE0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting

Professional Risks Claims

GPO Box 541

Brisbane QLD 4001

[claims.au@penunderwriting.com](mailto:claims.au@penunderwriting.com)

### PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

## Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

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

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

### Insured Details:

Name: .....

Address: .....

Contact Person: .....

Telephone: .....

Email: .....

Period of Insurance: From: ..... at 4pm

To: ..... at 4pm

Policy Number: .....

Broker Name: .....

Broker Contact: .....

Telephone: .....

Email: .....

For Claim settlement purposes (in accordance with GST Legislation) please advise Your:

(a) Registered Business name for this Policy: .....

(b) ABN Number: .....

(c) Input Tax Credit Entitlement: .....%

### Claimant Details:

Name: .....

Address: .....

Telephone: Day:..... Night:..... Mobile: .....

Email: .....

Claimant's Solicitors: .....

### Claim or Potential Claim Details

Describe the services provided which are the subject of the claim or potential claim: .....

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Date when services were provided: .....

Name of the person providing the services: .....

What has been claimed against the Insured or what circumstances may give rise to a claim?: .....

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When did the Insured first become aware of the claim or circumstance that may give rise to a claim?

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When was the claim or a suggestion of a claim first made? .....

Was the claim provided to the Insured in writing? Yes ☐ No ☐

If **Yes**, please provide a copy with this Claim form.

What is the expected quantum of the claim or potential claim? .....

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## DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date: .....

Full Name:.....

Title: .....