

PROFESSIONAL RISKS Claim Form



IMPORTANT NOTICES

Send your completed claim form to

Professional Risks Claims
GPO Box 4431
Sydney, NSW 2001
Email: prclaims@penunderwriting.com

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
Email: idraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au

Privacy

Pen Underwriting handles 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 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.

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Level 19, 347 Kent Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

**PROFESSIONAL RISKS
Claim Form**



INSTRUCTIONS

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

- All questions must be answered in full. If there is insufficient space, please provide further details on your letterhead.
- This claim form is to be completed and signed by a Principal of the Insured when notifying a Claim or a circumstance that has the potential to give rise to a Claim.
- Please attach all relevant documentation and correspondence.

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:

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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 am authorised on behalf of the Insured(s) to make this Declaration.
- I have read and understood the **Important Notices** on this Claim Form.
- The answers and information given in this Claim Form are true and accurate and I have not withheld any significant information.
- I have read the Pen Underwriting Privacy statement on this Claim Form and consent to the use, disclose and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.
- We I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement.

Signature of Insured:

Date:

Full Name:

Title: