

National Claims – General Insurance

Level 9
60 Margaret Street
Sydney NSW 2000
Locked Bag 25 Australia Square 1215
DX 10282 Sydney



PROFESSIONAL INDEMNITY INSURANCE

NOTIFICATION OF CLAIM OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM

PLEASE ANSWER ALL QUESTIONS FULLY USING ADDITIONAL SHEETS IF NECESSARY, AND ENCLOSE COPIES OF ALL RELEVANT DOCUMENTATION.

PLEASE DO NOT INCLUDE ANY STATEMENT THAT COULD BE CONSTRUED AS AN ADMISSION OF LIABILITY.

DETAILS OF INSURED

| | | |
|----------------------------------|-----|-------------|
| Full name and address of Insured | | |
| Contact person | | |
| Policy/Certificate No | | |
| Telephone No. | () | Fax No. () |

We also require the following information relating to the Insured’s taxation status. If we are not advised it will be assumed that the Insured is unregistered and hence, upon settlement, the Insured may become liable to the ATO for 1/11th of the amount paid by Royal & SunAlliance. This liability is NOT insured by Royal & SunAlliance.

| | |
|---|---------------------|
| Is the insured registered for GST purposes ? | Yes/No |
| What is the insured’s ABN ? | : : : : : : : : : : |
| If the insured is registered for GST and has an ABN : | |
| a) Is the insured entitled to claim an ITC on the GST applicable to this policy ? | Yes/No |
| b) If yes, and the amount of the ITC is less than 100% of the GST applicable to the premium, please advise the percentage : - | |

DETAILS OF INSURED’S CONTRACT OR RETAINER

| | | | |
|---|--|-----|--------------------------|
| 1 | Was your contract/retainer for services evidenced in writing ? | Yes | Please attach a copy |
| | | No | Please provide details : |
| | | | |
| | | | |
| | | | |
| 2 | When did you perform the work out of which the claim arises or may arise ? | | |

DETAILS OF THE CLAIM OR CIRCUMSTANCE

| | | | | | | |
|-----|---|--|-----|----------------------|----|--|
| 1 | Please provide the full name and address of the Claimant or potential Claimant : - | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Please detail the nature of the claim or circumstance that may give rise to a claim : - | | | | | |
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| 3 | On what date did you first become aware of such claim or circumstance ? | | | | | |
| 4 | Was the first intimation of a claim in writing ? | <table border="1"> <tr> <td>Yes</td> <td>Please attach a copy</td> </tr> <tr> <td>No</td> <td>Please give a "first person" account :</td> </tr> </table> | Yes | Please attach a copy | No | Please give a "first person" account : |
| Yes | Please attach a copy | | | | | |
| No | Please give a "first person" account : | | | | | |
| | | | | | | |
| | | | | | | |
| 5 | What amount, if any, is claimed ? | | | | | |

ADDITIONAL INFORMATION

| | | |
|---|--|--|
| 1 | Please provide any additional background information that may assist in our understanding of this matter : - | |
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| | | |
| 2 | Please provide your opinion on the amount claimed or best estimate of the claim or potential claim | |
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| | | |

DECLARATION

| | |
|--|-------|
| I/We hereby declare that the foregoing statements are true and correct : | |
| _____ | _____ |
| Signature of Principal/Partner/Director | Date |

Vero Insurance Limited ABN 48 005 297 807