



Professional Indemnity

Claim form

Zurich does not admit liability by the issue of this form. It has been issued to assist the insured to notify a claim under a professional indemnity policy.

Claim number

(Zurich use only)

Important information

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- In the event of a claim, Zurich Australian Insurance Ltd will:
 - Acknowledge receipt and assign a dedicated claims specialist who will contact you within 2 business days.
 - Advise whether further information is required to consider coverage within 10 business days following receipt of a new claim.
 - Following receipt of all requested information, we will advise you of our decision concerning indemnity.
 - If the claim is covered, we will keep in close contact with you to assist with the management of your defence.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

1 Policy details

Policy holder (the company who purchased the policy and in whose name the policy is held)

The policy number

The policy year/period

Is there any other insurance that may be applicable to the notification? Yes No

If you answered 'Yes' to the above question, please provide details

Insurer

Policy holder

Type of insurance

Period of insurance

Has this matter been notified to that insurer? Yes No

2 Important notice – Please provide the following documents

1. Any written demands,
2. Correspondence relating to that demand,
3. Any contract which is in issue,
4. If claim is against a subsidiary company, provide details on ownership structure of subsidiary.

3 Your contact details

Name

Address State Postcode

Phone number Fax number

Mobile Email address

4 Details of claim

Date reported to you / /

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? Yes No

Was the claim made verbally? Yes No

If 'Yes', please provide details of any conversations, when they occurred and whom they were between

What is the amount claimed against you? \$

Please provide your comments regarding the allegations

Summary of claim

List of documents attached

1.
2.
3.
4.
5.
6.
7.
8.

5 Declaration

By sending this form to Zurich, I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

Name

Date

/ /

Contact details

Zurich has a dedicated claims team for your Professional Indemnity claim. To lodge your claim, you can use email, mail or fax.

Email address

fl.claims@zurich.com.au

Mail address

**The Claims Manager
Financial Lines Claims
PO Box 677
North Sydney NSW 2059**

Fax number

+61 (0)2 9995 2059

Please attention your fax to The Claims Manager Financial Lines

If you wish to call us to discuss a potential claim, please feel free to call us on our National Inquiry Line

Phone 132 687

You can find additional information on our website

www.zurich.com.au