**Professional Indemnity Claim & Notification Form**

**Insured’s Details**

|  |  |
| --- | --- |
| 1. Insured entity |       |
| 2. Address |       |
| 3. Your profession |       |
| 4. Policy number |       |
| 5. Contact name |       | 6. Contact phone number |       |
| 7. Email |       | 8. ABN |       |
| 9. Are you GST Registered? | [ ] Yes [ ] No | 10. What is your percentage entitlement? |       |

**Insurance Broker Details**

|  |
| --- |
| 11. Please provide the details of your insurance broker |
| 12. Brokerage |       |
| 13. Brokers Name |       |
| 14. Phone number  |       |
| 15. Email |       |

**Claim/Notification Details**

|  |  |
| --- | --- |
| 16. Name of your client? |       |
| 17. Address of the project |       |
| 18. Type of project |       |
| 19. What was the scope of the professional services you were engaged to provide? |
|       |
| 20. Were your services provided as part of a joint venture? | [ ] Yes [ ] No |
| 21. Do you have a written agreement in place? If no please provide details. | [ ] Yes [ ] No |
|       |
| 22. Have any other claims or allegations been notified to us in relation to this project? If yes, please provide details including our reference number | [ ] Yes [ ] No |
|       |
| 23. What is the total value of the project? | $      |
| 24. What were your agreed fees for you professional services? | $      |
| 25. Name of potential claimant |       |
| 26. When did you become aware of the circumstances which may give rise to a claim?  |  |
|       |
| 27. Please provide full details of the circumstances which are the subject of this notification |
|       |
| 28. What date did you provide the services which are the subject of this notification? |       |
| 29. Has a formal claim or allegation been made against you?  | [ ] Yes [ ] No |
| 30. What date was the claim or allegation made? |       |
| 31. Who made the claim or allegation? |       |
| 32. What was the claim or allegation? If in writing please attach a copy. |
|       |
| 33. Please provide a copy of your response, if any, to the claim or allegation |
|       |
| 34. What do you estimate the amount of the potential claim to be | $      |

**Privacy Policy**

IBL Limited, trading as Focus Underwriting (Focus), is committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

Our contact details for all privacy enquiries are:

IBL Limited t/as Focus Underwriting

Address: Level 21 41 Exhibition Street Melbourne 3000

Phone: 1800 234 338

Email: enquiries@focusuw.com.au

Web: [www.focusuw.com.au](http://www.focusuw.com.au)

ABN: 65005754718

AFSL: 231203

**What information do we collect and how do we use it?**

We collect from you all information we need to assess your application for insurance and to administer your insurance policy and any claims you may make. We provide any information that the insurer who provide our capacity require to enable them to decide whether to insure you and on what terms. This insurer may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters or legal advisers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

**What if you don’t provide some information to us?**

We can only fully consider your risk if we have all relevant information. The insurance laws also require you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which relevant to the insurer’s decision to insure you. If you provide inaccurate or incomplete information we may not be able to provide you with our products or services.

**Your consent**

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above

**Questions and Complaints**

If you have a complaint concerning our services, please contact the Complaints Manager at Focus Underwriting:

Level 21, 41 Exhibition Street

Melbourne, VIC 3000

Telephone Number: 1800 234 338

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

Lloyd’s Underwriters’ General Representative in Australia

Level 9, 1 O’Connell Street,

Sydney, NSW 2000

Phone number: 02 8298 0783

Lloyd’s Underwriters’ General Representative will refer your dispute to Policyholder & Market Assistance at Lloyd’s. Complaints that cannot be resolved by Policyholder & Market Assistance may be referred to the Financial Ombudsman Service (UK). Further details will be provided at the appropriate stage of the complaints process.

Please attach any supplementary information you may have, and do not make any statement that might be interpreted as an admission of fault.

**Declaration**

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and no information has been withheld by me/us.

|  |  |
| --- | --- |
| **Signature**       | **Date**       |
| **Name**       | **Title**       |