

### Important Notice:

- All questions must be answered in full. If there is insufficient space, please provide further details on the Insured's letterhead.
- Please attach all relevant correspondence and documentation.

### Section 1 - Details of the Insured

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
5. Telephone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_ 7. Policy Number: \_\_\_\_\_
8. Are you registered for GST Purposes: Yes  No
9. If so what is your ABN?: \_\_\_\_\_
10. What percentage (if any) of GST on premium has been applied as an input tax credit? \_\_\_\_\_

### Section 2 - Claimant / Potential Claimant

11. Name: \_\_\_\_\_
12. Address: \_\_\_\_\_
13. Telephone: \_\_\_\_\_ 14. Fax: \_\_\_\_\_ 15. Email: \_\_\_\_\_
16. Claimants Solicitors (if any): \_\_\_\_\_

### Section 3 - Nature of Services

17. Who engaged you to provide the services which resulted in this notification? (if claimant, simply write claimant):  
\_\_\_\_\_
18. Please describe the services offered which resulted in this notification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. When did you perform the services out of which the Claim has arisen or may arise?  
\_\_\_\_\_  
\_\_\_\_\_
20. Please provide the name of the individual(s) insured under this policy who provided the services to the claimant?  
\_\_\_\_\_  
\_\_\_\_\_



Section 6 - Additional Notes

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## Declaration

I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I have read and understood the Insurance House Privacy Statement and I consent to Insurance House using the personal information in this Form for the purpose of investigation and handling any Claim or potential Claim against the Insured. I consent to Insurance House disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by Insurance House or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Insurance House Privacy Statement.
- I understand that verbal notification of a claim or potential claim will not be accepted and the insurer will only act upon written notification.
- I understand this is a claims made policy and therefore I must notify the insurer immediately, in writing and within the same policy period in which I first became aware of the matter.
- I understand that it is a condition of the policy that no admission of liability is made, no legal costs are incurred and no settlement is agreed to without the insurer's prior written consent.

**TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

**SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_