



Professional Indemnity Insurance REPORT FORM



Important Notice

- Please read the Claim Form fully prior to answering the questions.
- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form please contact us on (02) 9960 0080.
- Please send the completed Claim Form, as soon as possible to:

Just PI Insurance
PO Box 899
Leichhardt NSW 2040

A. Details of Insured

1. Full name of the Insured

2. Address of the Insured

<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

3. Policy Number/Certificate (if known)

4. Contact Person

Telephone:

Facsimile:

Email:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Details of Claimant

5. Full name of Claimant or potential Claimant (i.e. the party claiming against you or the firm/company)

6. Address of the Claimant

<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

C. Details of Insured's Retainer/Contract

7. What were you retained/contracted to do?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

C. Details of Insured's Retainer/Contract (Continued)

8. Was your retainer/contract for services evidenced in writing? If so, please attach a copy. If not please provide appropriate particulars.

9. What did you provide the work out of which the claim arises or may arise?

10. Please provide the name of the person within the firm/company who actually performed the work or against whom the claim or potential claim is principally directed?

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D. Details of Claim or Circumstances

11. What is the precise nature of the claim (i.e. the Claimant's allegation) or the fact or circumstances that might give rise to a claim?

12. On what date did you first become aware of the claim or of such fact or circumstance?

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13. On what date was the claim or the intimation of the claim first made against you?

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14. (a) Was the first information of a claim verbal or in writing? (If in writing please attach a copy.)

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(b) If verbal, please give a "first person" account of the conversation.

15. What amount, if any, is claimed?

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E. Details of Insured's Response

16. What are your comments in response to the claim or fact or circumstances that might give rise to a claim?

17. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

18. Are there additional details about which you wish to advise, or which may be of interest, so that we will have a better understanding of this matter? If so, please provide details and supporting documentation.

F. Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

	% (Between 0% to 100%).
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G. Declaration

I, Full Name

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Position

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of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that the Insurer may make its decision on indemnity having regard to these answers.

Signature

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Date

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