

Made Easy Financial Group Pty Ltd AFSL 285920
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Professional Indemnity Insurance Claim Form.

Important Notice:

If there is an occurrence that you become aware of that may lead to a claim being made on your Professional Indemnity policy you must IMMEDIATELY call us.

The claim form is to be completed and signed by the insured person or a Director if the Insured is a company. If you need assistance with completing the form please give us a call on 1 800 641260.

All questions must be answered as fully as possible using additional sheets of paper if necessary.

Copies of all relevant documentation should be sent to us with the claim form.

If you have any questions when completing the form please contact us.

The completed form and all supporting and relevant documents should be forwarded to us at the above address.

Full Name of Insured:

Phone Number:

Address of Insured:

Details of Claim or Circumstances that may become a Claim.

What services were you retained to Provide?

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Was this evidenced in writing? If Yes, please provide a copy.

When did you do the work out of which the claim or circumstances has arisen?

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Please provide the name of the person or company who has or may assert that you have been negligent in providing your services.

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What is the nature of the claim or circumstances (i.e. the Claimants allegations of your negligence)?

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What are your comments in response to the claim or circumstances that may give rise to a claim?

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On what date did you first become aware of the circumstances?

Was this in writing or verbal? (please forward if in writing).

If verbal please give a first person account of the conversation.

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What amount is being claimed?

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Please provide details of any additional details you wish to provide.

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Declaration and Authorisation.

The information and answers given above are true, correct and complete in every detail.

I/we understand the claim may be refused if information is not true or is withheld.

I/we authorize Chubb Insurance to give and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signed: Date:

Full Name:

Position: