

**IN THE EVENT OF A CLAIM**

- The issue of this form does not constitute an admission of liability on the part of the Insurers.
- This form must be completed by a Partner/Director/Principal of the Insured
- Any communication received must be forwarded to Tasman Underwriting immediately.
- Do not admit liability. Please do not disclose to Claimants the existence of a policy.

**COMPLETING THIS FORM**

- Please answer every question relevant to this claim, provide full information and return this form to your broker as soon as possible, together with any relevant photos and attachments.
- Incomplete, illegible, or unclear answers could delay processing of your claim. If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet.
- Contact your broker if you are unsure about any matters relating to completion of this form.

**1. INSURED DETAILS:**Insured full name:  

---

Policy no.

ABN:  

---

Address:  

---

City:

State:

Postcode:  

---

Contact name:  

---

Tel:

Mobile:  

---

Fax:

Email:  

---

**2. CLAIMANT DETAILS:**Full name:  

---

Project Address:  

---

City:

State:

Postcode:  

---

Project value:  

---

  

---

  

---

3. When did the Insured perform the work out of which the claim arises or may arise?

---

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

---

5. On what date did the Insured first become aware of the matter complained of or the circumstance, which may give rise to a claim?

---

6. On what date was the allegation of negligence or the intimation of a claim (by the Claimant) first made against the Insured?

---

7. a) Was the intimation verbal or in writing? (If in writing, please attach a copy)

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

---

8. What is the amount claimed (if known)?

\$

---

9. a) What was the Insured retained/contracted to do?

b) Was the Insured's retainer/contract evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

---

10. Please provide a narrative of the facts and circumstances.

---

11. Are there additional details about which you wish to advise, or which may be of interest to the Insurers, to provide the Insurers with a better understanding of this matter? If so, please provide details (along with supporting documentation.)

---

**DECLARATION AND AUTHORISATION:**

I/We declare that to the best of my/our knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/we have not withheld any relevant information.

I/We consent to Tasman Underwriting using the personal information I/we have provided for the purpose of processing my/our claim.

I/We understand that if I/we choose not to provide the required details, this is my/our choice however, Tasman Underwriting may not be able to process my/our claim.

I/We consent to Tasman Underwriting disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/we also consent to Tasman Underwriting disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/We acknowledge that I/we have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/we do not agree to the collection of this personal information then Tasman Underwriting or its agent will be unable to process my/our claim.

I/We authorise Tasman Underwriting or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured:

Date:     /     /

---

Name: (please print)

---

**Please note:** if the Insured is a company, partnership or other business venture, this declaration must be made and signed by an authorised person.

## GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the Insurers, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.tasmanuw.com.au](http://www.tasmanuw.com.au). **Please access and read this policy.**

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file, please ask us.

## COMPLAINTS AND DISPUTE RESOLUTION

If you have any complaints about the products or services provided to you, we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process, we will provide you with information about the Australian Financial Complaints Authority (AFCA) including their contact information when you lodge your complaint with us or at any time upon your request.

## AGENT OF INSURERS

In accordance with the requirements of the Corporations Act 2001, Tasman Underwriting in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly, Tasman Underwriting will be acting as an agent of the Insurers and not as your agent.