ProCon – *"Professional Contractor"*
CLAIM NOTIFICATION FORM

Important Notice:

Please read the Claim Notification Form fully prior to answering the questions.

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 the completion of the Claim Notification Form, please contact Your insurance broker.

Please send the completed Claim Notification Form, as soon as possible, to Your insurance broker or to:

Claims Manager
ProCon – "Professional Contractor"
Underwriting Agencies of Australia Pty Ltd
Suite 202, 19A Honeysuckle Drive
Newcastle, NSW 2300
Email: enquiry@uaa.com.au

TYPE OF CLAIM – please indicate (✓) type of claim being reported			
Broadform Liability		Professional Civil Liability	
Directors' & Officers' Liability		Statutory Liability	
Employment Practices Liability			

DETAILS OF INSURED				
1. Policy Number				
2. Period of Insurance	From	/ /	To	/ /
3. Name(s) of Insured				
4. Are You registered for GST purposes?			Yes ☐	No ☐
ABN			Input Tax Credit Entitlement	%
5. Insured's Address and Contact Details				
	State		Postcode	
Telephone Number	( )		Fax Number	( )
E-mail Address				

DETAILS OF THE SUBJECT ACTIVITY / FUNCTION
6. From what activity or function on the part of the Insured does the Claim or potential Claim arise?

DETAILS OF THE SUBJECT ACTIVITY / FUNCTION…cont	
7. Was the performance or undertaking of such activity or function evidenced in writing? Yes ☐ No ☐ If "Yes" please attach a copy. If "No", please provide appropriate particulars.	
8. When was the activity or function performed or undertaken?	/ /
9. Please provide the name of the person within the Insured who actually performed such activity or function or against whom the Claim or potential Claim is principally directed.	

DETAILS OF CLAIM OR CIRCUMSTANCE	
10. Date of incident out of which a Claim or circumstance has been or might be made against the Insured. *(If more than one, provide details in additional information section)*	/ /
11. Date when the Insured: (a) First became aware that there existed a set of circumstances which may result in a Claim being made. (b) First received a notice of intention of any party to make a Claim.	 / / / /
12. Was the first notification of Claim verbal or in writing (If in writing, please attach a copy)?	
If verbal, please give a "first person" account of the conversation.	
13. Provide the full name of claimant or potential claimant (i.e. the party claiming against You or the Company)	
14. Provide the address and contact details of the claimant or potential claimant	

	State		Postcode	
Telephone Number	( )	Fax Number	( )	

15. Provide details of the Insured's relationship with and/or to the claimant or potential claimant (i.e. contractor, Employee etc)

DETAILS OF CLAIM OR CIRCUMSTANCE…cont
16(a). What is the precise nature of the Claim (i.e. the claimant's allegations) or facts or circumstances that might give rise to a Claim?
16(b). What are Your comments in respect to the Claim or facts or circumstances that might give rise to a Claim?
17. What amount, if any, is being claimed?
18. What are Your comments on the quantum of the Claim and what is Your estimate of your potential liability, if any, to the claimant?
19. If You believe any other party may be liable, please provide details below including an estimate of any possible quantum.
20. Have You received a request to attend an official investigation or inquiry into the circumstances notified in this Claim Notification Form? If "Yes" please attach a copy. Yes ☐ No ☐
21. Please provide any additional background information that may assist in our understanding of this matter: (please attach any further relevant information / documentation to this claim notification form)

DECLARATION and AUTHORISATION			
The information and answers given above are true, correct and complete in every detail. 1. I/We understand the claim may be refused if information is not true or is withheld. 2. I/We authorise the Insurer 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	**X**	Date	/ /
Name		Position	