



Adelaide Office

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PO Box 309 Kent Town SA 5071
Phone: (08) 8291 2300
Fax: (08) 8333 0034
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Sydney Office

Level 1, 401 Pacific Highway
Artarmon NSW 2064
PO Box 833 Artarmon NSW 1570
Phone: 1300 789 642
Fax: 02 9437 9066

PROFESSIONAL INDEMNITY INSURANCE CLAIM REPORT FORM

Important Notes

- Please send the completed claim form to your Insurance Broker, or to:

Millennium Underwriting Agencies Pty Ltd
PO Box 309, Kent Town, SA 5071
Fax: (08) 8333 0034

- Please answer all questions and add additional pages if required.
- Please ensure a Partner, Principal or Director of the Insured signs the claim form.
- If you have any questions about this form, please contact your Insurance Broker or Advisor

Client Details

Agent/Broker: _____ Due Date: _____
Policy Number: _____
Insured: _____
Address: _____
Contact Name: _____ Contact Number: _____
Fax: _____ Email: _____

Claimant Details

Full Name: _____
Address: _____
Contact Name: _____

Details of Claim or Circumstance

Please outline the details of the claim, the claimant's allegation or the circumstance, which might give rise to a claim:

Date you became aware of the claim, fact or circumstance _____/_____/_____

On what date was the claim or circumstance first made against you? _____/_____/_____

Please describe the first intimation of a claim or circumstance – If in writing, please attach

What amount, if any, is claimed? \$ _____

Details of Insureds Contract/Work for Claimant

Please outline the details under which the claimant retained your services:

Was the work carried out under a contract/retainer?

Yes No

If so, please attach a copy of relevant contract/retainer.

What date/period did you perform the work leading to this alleged claim?

____/____/____

Please provide names of person/people within your company (and their position) who actually performed the work leading to this allegation:

Details of Insureds Response

Please comment in response to this claim/allegation. Please attach a separate page if required.

What do you estimate is your potential monetary liability to this allegation (if any)?

Declaration

I/We undertake to inform the Insurer or Insurance Broker immediately of any facts presenting themselves subsequent to completion of this application.

I/We declare that the foregoing answers are true and correct AND acknowledge the Insurer may base decisions of indemnity upon the answers provided in this form.

Signature of authorised individual/partner/principal/director _

____/____/____
Date

Print Position in Full