



# CLAIM FORM

Professional Indemnity Insurance  
Directors & Officers Insurance  
Information Technology Insurance  
Multimedia Insurance

In respect of **Professional Indemnity** and **Information Technology** notifications this form is to be completed by a Principal, Partner or Director of the Insured.

In respect of **Directors & Officers** notifications this form is to be completed by the director or officer involved and signed by the Chairman or Managing Director.

If there is insufficient space below, please set out the additional details on your letter-head.

<b>INSURED NAME:</b>					
<b>Address:</b>					
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	

<b>BROKER NAME:</b>			<b>Policy No:</b>		
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	

<b>CLAIMANT:</b>					
<b>Address:</b>					
<b>Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	

<b>INSUREDS CONTRACT / RETAINER:</b>
By whom were you retained/With whom did you contract?
What were you retained/contracted to do? If the retainer/contract was in writing, please provide a copy
When did you perform the work out of which the Claim has arisen or has the potential to arise?
/ /

**CLAIM DETAILS:**

What has been claimed against you or what fact or circumstance has the potential to give rise to a Claim?


When were you first aware of the Claim or the fact or circumstance?      /      /

When was the Claim first made against you?      /      /

Was the Claim in writing?      Yes ☐ No ☐      If Yes, please provide a copy

Was the Claim made verbally?      Yes ☐ No ☐      If Yes, please provide details below


What is the estimated quantum of the Claim, or the potential Claim?      \$

**INSURED COMMENTS**

Do you have further information concerning this matter which may be interest of Insurers?  
(If so, please provide details below.)


**IN RESPECT OF PERSONAL INJURY OR PROPERTY DAMAGE**

When did the alleged accident occur?      /      /

Where did the alleged accident occur?


Please provide a brief description of the alleged accident


Please provide a brief description of the injuries or property damage


Please provide the names and contact details of any witnesses to the alleged accident.




## AXIS PRIVACY STATEMENT AND AUTHORITY

### About your information

At AXIS we collect, use and store personal information that is necessary to provide and manage the products or services we offer, develop and identify products and services that may interest you and to conduct market or customer satisfaction research.

We disclose personal information to third parties when necessary to assist us and them in providing and managing the relevant services and products. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it. You authorise AXIS to collect, use, store and disclose your personal information for these purposes.

You also give express authority for AXIS to, wherever applicable:

- obtain details of any insurance held by you now or in the past, or any claims experience under that insurance, whether with AXIS or another organisation, which may be relevant to the acceptance of your application or proposal, or to the resolution of a claim; and
- collect, use, store and disclose your personal information that amounts to sensitive information under the Act, as required to provide and manage the relevant product or service.

### Personal information about others

If we give you personal information, you and your representatives must only use it for the purposes to which we agree. Where relevant, you must meet the requirements of the Privacy Act 1988 when collecting, using, disclosing and handling personal information on our behalf. You must also ensure that your agents, employees and contractors meet the above requirements.

When you give us personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us and the types of third parties we may provide it to, the relevant purposes we, the insurers and the third parties will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

If you provide us with personal information or make an application for insurance to us, we will consider you have accepted the terms and conditions of this Privacy Statement unless you tell us in writing otherwise. You can also withdraw your consent at any time by advising us in writing.

If you do not agree to the above we may not be able to provide you with our services or products. If you wish to request access or correction to the information we hold about you, opt out of receiving materials we send, or request a copy of our privacy policy, then contact the Privacy Manager, AXIS Specialty Australia, Level 21, 45 Clarence Street, Sydney NSW 2000. Further information about AXIS' privacy policy is available at [www.axiscapital.com.au](http://www.axiscapital.com.au). If you are not satisfied with any response from our Privacy Officer then you are advised that complaints can be made to the Office of the Federal Privacy Commission.

## DECLARATION

I declare as follows:

- (1) I am authorised by the insured to make this declaration.
- (2) the above answers are true and correct and I acknowledge that AXIS may make a decision on indemnity having regard to those answers
- (3) I have understand and agree to the AXIS Privacy Statement and Authority

Signature of Partner, Principal or Director:

Name of signatory:

Date:

/ /

AXIS Specialty Australia, a branch of AXIS Specialty Europe SE, ARBN 131 203 122, is authorised and supervised by the Australian Prudential Regulation Authority as a general insurer. AXIS Specialty Europe SE is authorised and regulated by the Central Bank of Ireland and is rated "A+" (Strong) by Standard & Poor's and "A+" (Superior) by A.M. Best.