# Professional Indemnity Insurance

**Claim Form**

**Insured’s Details**

Name of Insured:

Trading Name of Business:

Contact Name:

Address:

Telephone Number:       Mobile Number:

Email Address:

Policy Number:

**Details of Claimant**

Full Name of the Claimant (ie. the party claiming against you or the business):

Address of Claimant:

**Details of Insured’s Retainer/Contract**

What were you retained/contracted to do?

|  |  |  |
| --- | --- | --- |
| Was your services retainer/contract in writing? | Yes | No |
| **If yes**, please attach a copy. | |
| If **no**, please provide appropriate particulars: | | |

When did you perform the work out of which the claim arises or may arise?

Please provide the name of the person within the business who performed the work or against whom the claim or potential claim is principally directed:

**Claim Details**

What is the precise nature of the claim (ie. the Claimant’s allegations) or the fact or circumstance that might give rise to a claim?

Date you first became aware of the claim or of such fact or circumstance:

Date the claim or the intimation of a claim was first made against you:

The first intimation of a claim was:

in writing. Please attach a copy.

or

verbal. Please give a ‘first person’ account of the conversation:

What amount, if any is claimed? $

**Details of Insured’s Response**

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

If there are any additional details that you wish to advise, or which may be of interest to Keystone, so that Keystone will have a better understanding of this matter, please provide details along with supporting documentation:

|  |  |  |
| --- | --- | --- |
| Do you hold any other insurance under which a claim for this incident may be made? | Yes | No |
| **If yes**, please give full details: | |

|  |  |  |
| --- | --- | --- |
| Have you previously (in the past three years) made a claim against any insurance company? | Yes | No |
| **If yes**, please give details of each loss and the amount claimed:    $    $ | |

**Declaration *Please read carefully before signing***

I/we declare that all the particulars stated above and statements made in support thereof are **true and correct**, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations in respect of this claim and that I/we may be required to submit further information and/or documentation in the furtherance of our claim.

Signed: Dated:

By:

Position:

Please return your completed claim form to your broker or:

Keystone Underwriting Australia Pty Ltd

17/296 Bay Road

Cheltenham, VIC 3192

Phone: 1300 946 530

Email [claims@ksua.com.au](mailto:claims@ksua.com.au)

Keystone Underwriting Australia Pty Ltd is not an insurer under your policy. The insurer(s) are those underwriters shown under “Security” in your schedule. Please note that, in accepting this claim form, Keystone Underwriting Australia Pty Ltd is acting as an agent of the insurer(s) and not as your agent.