



COVERSURE PTY LTD
ABN 84 413 814 665
AFSL 407505
P: (02)8404 9500
E: claims@coversure.com.au

Claim & Circumstance Notification Form

CONFIDENTIAL



NOTIFICATION OF CLAIM

FOR POSSIBLE CLAIM OR CIRCUMSTANCE

TO BE COMPLETED & RETURNED PROMPTLY TO COVERSURE

PURPOSE FOR COLLECTION OF INFORMATION

The information contained in this document and any other documents provided is confidential and has been prepared for the dominant purpose of obtaining all the facts in relation to the claim or circumstances notified herein and/or in connection with litigation that is contemplated or pending.

PRIVACY

We seek at all times to comply with applicable privacy laws. You must give us certain assurances about the collection, use, disclosure and handling of personal information you may give to us, and which we may give to you. You must also comply with our requirements in relation to the protection of personal information.

INFORMATION THAT YOU PROVIDE TO US

- It may be necessary to disclose this personal information to other individuals or organisations in connection with your claim, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in your matter. By submitting your notification and continuing to deal with us, you confirm your consent in these parties collecting, using and disclosing personal and sensitive information about you for the purpose of providing our services.
- If the personal information requested from you is not provided, we or any involved third party may not be able to provide the appropriate services.

INFORMATION THAT WE PROVIDE TO YOU

In the course of providing our services we may disclose to you personal information about other individuals. You agree to use, disclose, handle, store and transfer that information only in accordance with the Privacy Act.



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INSURED:			
ADDRESS:			
OCCUPATION:			
ABN:		INPUT TAX CREDIT:	%
EXCESS:	\$		
BROKER:			
Name:		Contact:	
Phone:			
1) What were you retained or contracted to do which may give rise to this claim or possible claims?			
2) Was your retainer or contract confirmed in writing? If so, please attach a copy. If not, please provide appropriate details.			
3) When did you perform the work from which this claim or possible claim arises?			
4) Date when you first became aware of a claim or possible claim against you and what brought this to your attention:			
5) Name of the party who is or may be claiming against you:			
6) What allegations have been made against you? (Please set out further details overleaf):			



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7) What are your views regarding these allegations?

8) What action do you consider should be taken?

9) What is your estimate of the maximum claim if everything goes against you?

10) Any other comments which you consider pertinent:

**I/We expressly agree that the information given by me/us is provided with my/our full knowledge and consent.
I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Privacy".**

Signed:		Dated:	
Name:			