

NOTIFICATION FORM FOR CLAIMS OR CIRCUMSTANCES WHICH MAY GIVE RISE TO A CLAIM

Complete and return to Planned Professional Risks Underwriting Agency
PO Box 2257 Caulfield Junction, North Caulfield VIC 3161 Facsimile Number: (03) 9500 2274
Please attach any supplementary information, and do not make any statement that might be interpreted as an admission of fault.

INSURED'S DETAILS

Q1a	Name:	
Q1b	Profession:	
Q2	Address:	
Q3	Contact Name:	Telephone: ()
		Facsimile: ()
		Email:
Q4	Policy Number:	
Q5a	Are you registered for GST purposes?	YES/NO
Q5b	If yes, what is your ABN? _____	
Q5c	Have you claimed/are you entitled to claim an input tax credit for 100% of the GST paid on the premium for your Policy?	YES/NO
Q5d	If NO, what is your percentage entitlement?	_____ %

CLAIM/NOTIFICATION DETAILS

Q6	Name of claimant or potential claimant:
Q7	On what date did you first become aware of facts or circumstances which may give rise to a claim against you? _____/_____/_____

Q8 Provide details of the facts or circumstances which are the subject of this notification.

Q9 When did you provide the professional services which are the subject of this notification? ____/____/____

Q10 Has a formal claim or allegation of negligence been made against you? YES/NO

Q11a If YES, on what date was the claim or allegation made? ____/____/____

Q11b Who made the claim or allegation?

Q11c What was the claim or allegation? (If written, attach a copy)

Q11d Provide a copy of your response, if any, to the claim or allegation.

Q12 What is your estimate of the amount of the claim or potential claim? (e.g. rectification costs)

DETAILS OF YOUR PROFESSIONAL ENGAGEMENT PERTAINING TO THIS NOTIFICATION

Q13 Address of the project:

Q14 Type of project:

Q15 Name of your client:

Q16 What was the scope of the professional services you were engaged to provide?

Q17a	Were your professional services provided as part of: (a) a Joint Venture; or (b) Professionals in Association?	YES/NO YES/NO
Q17b	If so, provide details.	
Q18a	What is the value of the project?	
Q18b	What are the agreed fees for the professional services provided by you?	
Q19a	Do you have a written client agreement relating to the project?	YES/NO
Q19b	In what form was the agreement?	
Q19c	Was the agreement reviewed by Planned Professional Risks Services?	YES/NO
Q20	If other circumstances have been notified to us for the project, provide details including our reference number:	

PRIVACY NOTICE AND CONSENT

Planned Professional Risks Underwriting Agency (a trading division of IBL Limited) complies with the National Privacy Principles. If you would like a copy of our Privacy Policy visit our website www.professionallriskservices.com.au or if you wish to access the information we hold about you, contact our Complaints Manager on Telephone Number: (03) 8508 5400 or Facsimile Number: (03) 9500 2274. Where possible your request will be dealt with immediately although you may need to complete a formal application for more complex requests.

QUESTIONS AND COMPLAINTS

If you have a complaint concerning our services, please contact the Complaints Manager at Planned Professional Risks Underwriting Agency:

PO Box 2257
Caulfield Junction
North Caulfield VIC 3161
Telephone Number: (03) 8508 5400
Facsimile Number: (03) 9500 2274

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21
Angel Place
123 Pitt Street
Sydney NSW 2000
Telephone Number: (02) 9223 1433
Facsimile Number: (02) 9223 1466

who will refer your dispute to Policyholder & Market Assistance at Lloyd's.

Complaints that cannot be resolved by Policyholder & Market Assistance may be referred to the Financial Ombudsman Service (UK). Further details will be provided at the appropriate stage of the complaints process.

GENERAL INSURANCE CODE OF PRACTICE

We will handle your claim in accordance with the General Insurance Code of Practice, which sets specific standards for our claims service. A copy of the Code can be obtained from the Insurance Council of Australia by visiting www.codeofpractice.com.au or by telephoning (02) 9253 5100.

OTHER INFORMATION YOU SHOULD KNOW

All notifications of claims or circumstances which may give rise to a claim under the policy should be communicated to Planned Professional Risks Underwriting Agency at the address below. Upon receipt of the Notification Form, the Claims Department at Planned Professional Risks Underwriting Agency will take steps to investigate the matter.

Please note that in arranging investigating and dealing with or settling a claim under the policy, Planned Professional Risks Underwriting Agency will be acting under an authority given by the Insurer and will be acting as agent of the Insurer.

SIGNATURE OF PERSON WITH AUTHORITY ON
BEHALF OF THE INSURED

DATE

Planned Professional Risks Underwriting Agency

Claims Department

236 Balaclava Road, North Caulfield VIC 3161

(PO Box 2257 Caulfield Junction

North Caulfield VIC 3161)

Telephone Number : (03) 8508 5416 / 8508 5418

Facsimile Number : (03) 9500 2274