

DUAL
A U S T R A L I A

Claim Form
Association Liability
Occupational Health
and Safety



Notification of claim or circumstance out of which a claim may arise

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.

SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured:			
Address of the Insured:			
		Postcode:	
Contact person:			
Telephone No:		Fax No:	
Email:			

SECTION 2: POLICY DETAILS

1.

Policy Number:	
Policy Period:	

Claim Form: Association Liability (Occupational Health and Safety) Insurance

2. Is there any other insurance that may be applicable to this notification? Yes No

If YES, please provide the following details:

Policy Holder:	
Insurer:	
Type of Insurance:	
Period of Insurance:	

3. Has the matter been notified to that insurer? Yes No

SECTION 3: DETAILS OF THE INDIVIDUALS AGAINST WHOM THE ALLEGATIONS HAVE BEEN MADE

1. Please list all the individuals against whom allegations have been made. Please include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position with the insured entity.

SECTION 4: DETAILS OF THE CLAIM OR CIRCUMSTANCE

1. What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?

2. Was the claim or the intimation of a claim made in writing? Yes No

3. Have you received a written demand? Yes No

If you answered YES, has the alleged perpetrator arranged to pay back the entire loss or part of the loss?

4. Have proceedings been issued against the individual/insured entity? Yes No

If you answered 'Yes', please attach a copy of the court documents together with any correspondence relating to the court documents.

If you have any other court documents, please provide copies.

If a formal investigation has been commenced, please provide us with copies of any documents received.

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5. Was the claim or the intimation of a claim made verbally? Yes No

If you answered 'Yes', please provide details of any conversations, when they occurred and whom they were between.

6. On what date did you first become aware of the claim or the fact or circumstance which may give rise to a claim?

7. On what date was the claim or intimation of a claim first made against the individual/insured entity?

8. What is the amount claimed (if known)?

SECTION 5: DETAILS OF THE INSURED'S RESPONSE

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

2. Are there any other parties which may have contributed to the claim or circumstances which may give rise to a claim?

Yes No

If you answered YES, please provide details:

3. 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?

4. Are there any additional details about which you wish to advise, or which may be of interest to DUAL, so that DUAL will have a better understanding of this matter?

Yes No

If you answered YES, please provide details along with supporting documents:

Claim Form: Association Liability (Occupational Health and Safety) Insurance

SECTION 6: RETAINER OF DEFENCE COUNSEL

1. Have you obtained legal representation to act on your behalf? Yes [] No []

If you answered YES, please provide details of their name, firm, address and charge out rates together with a copy of the retainer agreement:

SECTION 7: LIST OF DOCUMENTS ATTACHED

SECTION 8: DECLARATION

I, FULL NAME: _____

POSITION: _____

Of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that DUAL may make its decision on indemnity having regard to these answers.

SIGNATURE: _____ **DATE:** _____

PRIVACY: DUAL Australia are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim form only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: www.dualaustralia.com.au