

Professional Indemnity Insurance Claim Form

Important Information

- * *Do not admit liability*
- * *Please ensure you give us the full details about your claim or circumstances that may give rise to a claim. If there is insufficient space, please attach separate information.*
- * *On receipt of your claim, Complete Online Insurance will:*
 - Acknowledge your claim and assign a claims specialist who will contact you within two (2) business days;
 - Advise you what further information is required;
 - Once in receipt of all the requested information, advise you of our decision concerning indemnity under the Policy;
 - If indemnity is provided, work closely with you to assist with the management of your defence.

The Insured Details

Policy number	
Insured	
Contact person and position	
Telephone	
Email	

The Claim Details

Name of Claimant or potential Claimant	
Date you first became aware of the claim or circumstance that may give rise to a claim	
What were you contracted to do?	
Please provide full details of the claim / claimants allegation / fact or circumstance that may give rise to a claim	

What amount, if any, has been claimed?	
What are your comments or defence in response to the claim or circumstance that may give rise to a claim?	
Is there anything further you would like to add?	

Privacy Policy

Complete Online Insurance is committed to protecting the privacy of the personal information you provide us. Complete Online Insurance collects, uses and retains your personal information in accordance with the National Privacy Principles.

We may disclose the personal information we collect:

- To our relevant employees involved in delivering our services;
- To facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- To the Lloyd's Syndicates we represent (which are located in the United Kingdom);
- To the Insurance Reference Bureau or Credit Reference Bureau;
- To reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

Where we do disclose the information as above the recipient may hold the information in accordance with its own privacy policies. We may also be required to provide your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so.

You may request access to your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). Should you require a copy of the personal information held by Complete Online Insurance about you, feel free to contact the Privacy Officer: by email at info@complete-online.com.au or by phone on 1300 663 097.

Declaration

By completing and sending this form to Complete Online Insurance, I declare all the information provided is truthful, accurate and complete.

Signature & Date

Please send the completed form to claims@complete-online.com.au or GPO Box 3313, Brisbane QLD 4000