

Important Notice:

Please read the Claim Form fully prior to answering the questions.

The Claim Form is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer.

All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

**Claims Unit Manager
Professional Liability Division
QBE Insurance Limited
82 Pitt Street
SYDNEY NSW 2000**

A. Details of Insured Establishment/Practice

1. Full Name of the Insured

Address of the Insured

Postcode

Policy Number/Certificate (if known)

Contact Person

Telephone

Fax

B. Details of Claimant

2(a). Full Name of Claimant or potential Claimant (i.e. the party making the claim upon the insured)

(b). Address of the Claimant

Postcode

C. Details of the Services Provided

3(a). What services were you providing to the Claimant?

(b). Was your agreement to provide services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

4. When did you provide the services out of which the claim arises or may arise?

5. Please provide the name of the person within your establishment/practice who actually performed the work or against whom the claim or potential claim is principally directed.

D. Details of Claim or Circumstance

6. What is the precise nature of the claim or the fact or circumstance that might give rise to a claim?

7. On what date did you first become aware of the claim or of such fact or circumstance?

8. On what date was the claim or the intimation of a claim first made against you?

D. Details of Claim or Circumstance *(continued)*

9(a). Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)

(b). If verbal, please give a "first person" account of the conversation.

10. What amount, if any, is claimed?

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E. Details of Insured's Response

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

(b). 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?

12. Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

F. Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

% (Between 0% and 100%).

G. 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 QBE may make its decision on indemnity having regard to these answers.

Signature

Date

SYDNEY

Level 4, 82 Pitt Street
Sydney NSW 2000
GPO Box 82 Sydney NSW 2001
Phone: (02) 9375 4444
Facsimile: (02) 9375 4992
QBE Insurance (Australia) Limited
ABN 78 003 191 035

MELBOURNE

Level 6, 31 Queen Street
Melbourne VIC 3000
Phone: (03) 9612 1748
Facsimile: (03) 9629 5987
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BRISBANE

Level 9, 82 Eagle Street
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Phone: (07) 3215 8433
Facsimile: (07) 3215 8434
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ADELAIDE

Level 13, 45 Pirie Street
Adelaide SA 5000
Phone: (08) 8202 2367
Facsimile: (08) 8212 5898
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PERTH

Level 2, 95 William Street
Perth WA 6000
Phone: (08) 9213 6064
Facsimile: (08) 9213 6095
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