

## Notification of claim or circumstance that may give rise to a claim

## Professional indemnity

Please answer all questions fully using additional sheets if necessary, and enclose copies of all relevant documentation.

Please do not include any statement that could be construed as an admission of liability.

Please email, fax or mail the completed form to:

Email: lodgeclaim@vero.com.au

Facsimile: 1300 066 150 Mail: Vero Insurance

Liability and Profin Notification Centre

IPC 2CI288, GPO Box 346, Sydney NSW 2001 Phone: 1300 888 073, 8.00 – 8.00 pm EST

Details of the insured	
Full name and address of insured	
	State Postcode
Contact person	
Policy/certificate No.	
1 oney/continuate two.	
Telephone number	Facsimile Number
	s taxation status. If we are not advised it will be assumed that the Insured
This liability is NOT insured by Vero Insurance.	come liable to the ATO for 1/11th of the amount paid by Vero Insurance.
Is the insured registered for GST purposes?	Yes No C
is the insured registered for do r purposes:	
What is the insured's ABN?	
If the insured is registered for GST and has an ABN:	
•	to this policy?
(a) Is the insured entitled to claim an ITC on the GST applicable to	
(b) If yes, and the amount of the ITC is less than 100% of the GS please advise the percentage:	ST applicable to the premium,

De	tails of insured's contract or retainer		
1.	Was your contract/retainer for services evidenced in writing?  If Yes, please attach a copy	Yes	No 🗆
	If No, please provide details:		
2.	When did you perform the work out of which the claim arises or may arise?		
	tails of the claim or circumstance  Please provide the full name and address of the claimant or potential claimant:		
٥.	Trease provide the run harrie and address of the claimant of potential claimant.		
	State	Postcode	
4.	Please detail the nature of the claim or circumstance that may give rise to a claim:		
5.	On what date did you first become aware of such claim or circumstance?		
0			
О.	Was the first intimation of a claim in writing?  If Yes, please attach a copy	Yes U	No L
	If No, please give a "first person" account:		
7.	What amount, if any, is claimed ?	\$	
Ad	ditional information		
8.	Please provide any additional background information that may assist in our understanding of this may	tter:	
9.	Please provide your opinion on the amount claimed or best estimate of the claim or potential claim:		
De	claration		
	e hereby declare that the foregoing statements are true and correct:		
	gnature of ncipal/Partner/Director		
Da	te / /		