

Association Liability Insurance Claim Form

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Please return the completed form to Local Community Insurance Services
Email: insurance@lcis.com.au
Or mail to Local Community Insurance Services, GPO Box 1693, Adelaide SA 5001.

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, President, Managing 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.

Details of Insured Association or Directors/Officers Giving Notification of a Claim or Potential Claim

Full name of the insured association giving notification			
Address of the insured association giving notification			
	State/Territory	Postcode	
Full name of the Director/Officer giving notification			
Address of the Director/Officer giving notification			
	State/Territory	Postcode	
Policy number/Certificate (if known)			
Contact person			
Telephone no.	Email		

Details of relevant insured

Full name of the insured who is the subject of the claim or potential claim			

Details of claimant

Full name of the insured who is the subject of the claim or potential claim			
Address of the claimant			
	State/Territory	Postcode	

Details of the subject activity

From what activity on the part of the Insured does the claim or potential claim arise?

Details of the subject activity (continued)

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate details.

When was the activity from which the claim arises or may arise performed or undertaken?

Details of claim or circumstance

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?

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

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

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

If verbal, please give a 'first person' account of the conversation.

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What dollar amount, if any, is claimed?

Details of insured's response

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

What are your comments on the amount of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

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.

Input Tax Credit %

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 onbusiness related inputs. This is also known as the Taxable Percentage of the Business.

 % (Between 0% and 100%)

Privacy

QBE's Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

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