



## **PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM**

This Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.

If you have any questions in relation to completion of the Claim Form please contact us on (07) 3387 2800.

Please send the completed Claim Form to: P.I Direct Insurance Brokers Pty Ltd ,PO Box 976, Springwood, Brisbane, Qld 4127.

1. Name of the Insured

2. Policy Number

3. Contact Person

Telephone

Email

4. Name of claimant or potential claimant

5. What is the precise nature of the claim (i.e. the claimant's allegation) or the fact or circumstance that might give rise to a claim? (Please include the date upon which you first became aware of the claim or circumstance which might give rise to a claim.)

6. What amount is claimed or involved?

7. What are your defences to the claim?

8. What do you think is the amount of your liability?

Signature:

Date:

Name:

Position: