



## Notification Form - Professional Indemnity

DETAILS OF THE INSURED:			
1. Name/s of the insured:			
2. Policy reference:			
3. Period of insurance:			
4. Name of insurer (if known):			
5. Broker details (if appropriate):			
6. Contact name:			
7. Contact number:			
DETAILS OF CIRCUMSTANCE / CLAIM:			
8. Name of (potential) claimant/s:			
9. Date of incident out of which a claim has been made or might be made against the insured:			
10. Date when the insured first became aware there existed a set of circumstances which may result in a claim being made against them:			
11. Date when the insured first received notice of intention of any party to make a claim:			

12. Please provide details of the facts or circumstances giving rise to this notification:	
13. Please provide your estimate of possible damages or the potential amount of any claim:	

## DECLARATION:

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/we consent to DCS Asia Pacific Pty Limited and my/our insurers using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we consent to DCS Asia Pacific Pty Limited and my/our insurers disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisers. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact.

Signature of the insured or person with authority to sign on behalf of the insured:

Signed:	Date:
Name:	
Position:	
Company:	