

Insured					
Policy Number		Excess			
Date reported		Time reported			
Date of incident		Time of incident		Day of week	
Incident reported by					
Incident reported to					
INSURED DETAILS					
Full name					
Email address					
Address					
Suburb		State		Postcode	
Business phone		Private phone		Mobile phone	
Occupation					
ABN		Input tax credit			%
CLAIM DETAILS					
IMPORTANT NOTICE – PLEASE PROVIDE THE FOLLOWING DOCUMENTS: <ul style="list-style-type: none"> - Any written demands - Correspondence relating to that demand - Any contract which is in issue - If claim is against a subsidiary company; provide details on ownership structure of subsidiary 					
1. What were you retained or contracted to do which may give rise to this claim or possible claim?					
2. When did you perform the work from which this claim or possible claim arises?					
3. When were you first aware that a claim may be made against you and what brought this to your attention?					
4. Was the claim made in writing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Was the claim made verbally?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If the claim was made verbally, please provide details of any verbal conversations, when they occurred and who between?					
7. Please detail what allegations have been made against you.					
8. What is the estimated claim amount should the claim go against you?		\$			

OTHER PARTY CLAIMING AGAINST YOU DETAILS

Full name				
Email address				
Address				
Suburb		State		Postcode
Phone		Mobile		

OTHER DETAILS

Please advise any other comments or details which you consider pertinent

PRIVACY

The Pro-Insure Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.proinsure.com.au

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that Pro-Insure Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit agencies any information relating to the Insured’s credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.		Name	Date
Signature of Insured 2.		Name	Date

Please check that this form has been fully completed as any omissions may delay your claim.

PRINT FORM	RESET FORM
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