

CLAIM FORM: FINANCIAL LINES

NOTIFICATION OF CLAIM OR CIRCUMSTANCES OUT OF WHICH A CLAIM MAY ARISE

IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.
- Please do not admit any wrong doing to any third parties or relay the details of your insurance policy with DUAL Australia.

SECTION 1: DET	AILS OF THE INSURED			
Full Name of the Inst	ured:			
	ed:			
Contact person and	position:			
	Fax No.:			
SECTION 2: POL	ICY DETAILS			
Policy No.:	F	Policy Period:		
1. Are there any of	ther insurance policies that may be a	applicable to this notification?	Yes []	No []
If YES, please p	rovide the following details:			
Policy Holder:				
Insurer:				
Type of Insurance:		Period of Insurance	:	
2. Has the matter	been notified to that insurer?		Yes []	

SECTION 3: GENERAL INFORMATION

	Full name of the Claimant(s) or potential Claimant(s) (i.e. the party/ parties making the claim or potential claim agains you or the firm/company)						
5	SECTION 4: DETAILS OF THE CLAIM OR CIRCUMSTANCES						
	What is the precise nature of the claim (i.e. the Claimant's allegations) or the fato a claim? Please elaborate on the following:	ct or circumsta	nce	that	might gi	ve	ris
	On what date did you first become aware of the claim or the fact or circumstar	nces which may	giv	e rise	to a cla	imʻ	?
	What is the amount claimed against (if known)?						
	What are your comments in response to the claim or the fact or circumstances	that may give r	ise	оас	claim?		
	In your opinion how could this matter be best resolved?						
	Was the claim or the intimation of a claim made verbally:	Ye	S []	No	[]
	If YES, please provide details:						
	In writing?	Ye]	No		
	Have you received a written demand? If YES, please attach a copy of this together with any correspondence relating		s [lem		No	[]
	Have proceedings been issued against you?	Ye	s []	No	[]
		ondence relatin					

SECTION 5: DETAILS OF THE INSURED'S RESPONSE

1.	Are there any other parties which may have contributed to the claim or circumstance wh	Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim?							
		Yes	[]	No	[]		
	If YES, please provide details:								
2.	Have you obtained legal representation to act on your behalf?	Yes		1	No		1		
	If YES, please provide details of their name, firm, address and charge out rates:								
	If NO, please note that you should not obtain legal representation without DUAL's policy terms and conditions).	orior co	ons	ent (p	olease :	see			
PR	IVACY STATEMENT:								
info wit peo	DUAL Australia Pty Ltd, we are committed to compliance with the Privacy Act 1988 (Cth). It is provide in connection with a claim to assess, administer and manage the claim to full information, we may not be able to do this. When assessing a claim, we may need to ople like your insurance broker, employer, medical and financial advisers and Government h information about someone else you must obtain their consent to do so.	m. If yo	ou o	don't forma	provide ation fro	om			
of to bus oth and	e provide your information to the insurer we represent when we assess and administer your urance terms or assessing your claim, we will tell you if the insurer is overseas and if so, whathe Hyperion Insurance Group and may provide your information to UK based Group entitesiness support services. We may also provide your information to third parties such as: (1) therefore person who acts for you; (2) contracted third party providers who supply us with serviced management companies, legal and medical advisers and loss adjusters; and (3) Government of the provided to do so by law). We will take all reasonable steps to ensure that our service provided.	ere the ies who your in s such nent ag	ey a o pi sura as jend	are. W rovide ance k claim: cies (v	e are pe us witter oker of the second	art h or iga ve a	re		
orı	r Privacy Policy contains information about how you can access the information we hold almake a privacy related complaint. You can obtain a copy from our Privacy Officer by telephail (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au)	none (+							
	signing this claim form, you consent to the collection and use of your personal information vacy Policy.	n as ou	tlin	ed ab	ove an	d ir	ou		
5	SECTION 6: DECLARATION								
I, F	TULL NAME:						_		
	SITION:						_		
	the Insured and on behalf of the Insured declare the above answers to be true and correct IAL may make its decision on indemnity having regard to these answers.	t AND	ack	nowle	edge th	at			
Υοι	ur Signature: Date:	/		_/					
Ple	ase Print Your Name:								

APPENDIX

List of documents that we require, based on the type of matter:

CRIME:

- Police Reports
- Loss Assessors Reports
- Audit Reports
- Internal investigation Reports
- Statements from Witnesses
- Any Signed Confessions
- Account Statements
- Receipts and Invoices
- Cheque Requisitions and Cheques
- Money Orders and Cash Receipts

EMPLOYMENT PRACTICES BREACH:

- Contract of Employment
- Copy of the Claimant's Termination Notice (if applicable)
- Fair Work Australia Application (Applicant's Response)
- Your response to the allegations or dispute (Employers Response)
- Copies of itemised legal bills and retainer (If the Insured has obtained its own legal representation)
- Copies of any FWA judgement and Deed of Settlement

TAX AUDIT COSTS:

- Letter from the ATO or regulatory authority notifying you of the audit
- Letter from the ATO or regulatory authority confirming the audit has been completed
- Copies of itemised invoices from the Company's Accountant

CLAIM FORM: FINANCIAL LINES