



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: DETAILS OF THE INSURED

Full Name of the Insured: _____

Address of the Insured: _____

Postcode: _____

Contact person and position: _____

Tel. No.: _____ Fax No.: _____ Email: _____

SECTION 2: POLICY DETAILS

Policy No.: _____ Policy Period: _____

1. Are there any other insurance policies that may be applicable to this notification? Yes [] No []

If YES, please provide the following details:

Policy Holder: _____

Insurer: _____

Type of Insurance: _____ Period of Insurance: _____

2. Has the matter been notified to that insurer? Yes [] No []

SECTION 3: GENERAL INFORMATION

1. Full name of the Claimant(s) or potential Claimant(s) (i.e. the party/ parties making the claim or potential claim against you or the firm/company)

SECTION 4: DETAILS OF THE CLAIM OR CIRCUMSTANCES

1. 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? Please elaborate on the following:

On what date did you first become aware of the claim or the fact or circumstances which may give rise to a claim?

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 rise to a claim?

In your opinion how could this matter be best resolved?

2. Was the claim or the intimation of a claim made verbally: Yes [] No []

If YES, please provide details: _____

3. In writing? Yes [] No []

Have you received a written demand? Yes [] No []

If YES, please attach a copy of this together with any correspondence relating to the written demand.

4. Have proceedings been issued against you? Yes [] No []

If YES, please attach a copy of the court documents together with any correspondence relating to the proceedings.

SECTION 5: DETAILS OF THE INSURED'S RESPONSE

1. 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 [] No []

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 prior consent (please see policy terms and conditions).

PRIVACY STATEMENT:

At DUAL Australia Pty Ltd, we are committed to compliance with the Privacy Act 1988 (Cth). We use the personal information you provide in connection with a claim to assess, administer and manage the claim. If you don't provide us with full information, we may not be able to do this. When assessing a claim, we may need to collect information from people like your insurance broker, employer, medical and financial advisers and Government agencies. If you provide us with information about someone else you must obtain their consent to do so.

We provide your information to the insurer we represent when we assess and administer your claim. When providing insurance terms or assessing your claim, we will tell you if the insurer is overseas and if so, where they are. We are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to third parties such as: (1) your insurance broker or other person who acts for you; (2) contracted third party providers who supply us with services such as claims investigation and management companies, legal and medical advisers and loss adjusters; and (3) Government agencies (where we are required to do so by law). We will take all reasonable steps to ensure that our service providers comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au).

By signing this claim form, you consent to the collection and use of your personal information as outlined above and in our Privacy Policy.

SECTION 6: 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 DUAL may make its decision on indemnity having regard to these answers.

Your Signature: _____ Date: ____ / ____ / ____

Please 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