



## Form of Notification of Claim or circumstance out of which a claim may arise

PLEASE DO NOT ADMIT LIABILITY TO THE INJURED PARTY

This form must be completed by a Partner/Director/ Principal of the Insured.

All questions must be answered as fully as possible using additional sheets if necessary.

Copies of relevant documentation should be attached.

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Completed form should be sent back to BizCover by email

**Email:** [claims@bizcover.com.au](mailto:claims@bizcover.com.au)

Should you have any questions please do not hesitate to call  
our claims support on **1300 BIZCOVER (1300 249 268)**



**1. Contact Details of the Insured**

Name of Policy Holder

Address of Policy Holder

Postcode

**Telephone Numbers**

Business Hours

After Hours

Fax

Email Address

**2. Full name and address of the Claimant (party claiming against the Insured) or possible Claimant.**

Name of Policy Holder

Address of Policy Holder

Postcode

**3. When did the Insured perform the service out of which the claim arises or may arise?**

From:

To:

**4. Please provide the name of the person within the firm who actually performed the work or against whom the claim or possible claim is principally directed.**

Name:

**5. On what date did the Insured first become aware of the matter complained of or the circumstance which may give rise to a claim.**

From:

**6. On what date did the allegation of negligence or the intimation of a claim (by the Claimant) first made against the Insured?**

From:



**7. a) Was the first intimation verbal or in writing? (If in writing please attach a copy)**

Verbal  In Writing

**b) If verbal, please give a "first person" account of the conversation.**

**8. What (if any) is the amount claimed?**

**9. a) What was the Insured retained (contracted) to do?**

**b) Was the Insured's retainer (contract of/for services) evidenced in writing?**

**If so, please attach a copy. If not, please provide appropriate particulars.**



**10. Please provide a narrative of the facts and circumstances.**

**11. Are there additional details about which you wish to advise, or which may be interest to the insurers, to provide Insurers with a better understanding of this matter?**

**If so, please provide details (along with supporting documentation).**

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**Declaration**

I,  (name in full)

(position in full)

of the Insured and on behalf of the Insured declare the above answers to be true AND acknowledge that the Insurer(s) may make its/their decision on indemnity having regard to these answers.

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Signature

Date