

**DUAL**  
A U S T R A L I A

**Claim Form**  
**Association Liability**  
**Insurance General**



## Notification of claim or circumstance 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.

### SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured:			
Address of the Insured:			
		Postcode:	
Contact person:			
Telephone No:		Fax No:	
Email:			

### SECTION 2: POLICY DETAILS

1.

Policy Number:	
Policy Period:	

**Claim Form: Association Liability (General) Insurance**

2. Is there any other insurance that may be applicable to this notification? Yes  No

If YES, please provide the following details:

<b>Policy Holder:</b>	
<b>Insurer:</b>	
<b>Type of Insurance:</b>	
<b>Period of Insurance:</b>	

3. Has the matter been notified to that insurer? Yes  No

**SECTION 3: DIRECTORS AND OFFICERS OR ENTITY CLAIM**

1. Is this a claim being made against a director or officer? Yes  No

If you answered NO, please proceed to Section 4.

2. Details of the individuals against whom the allegations have been made.

Please list all the individuals against whom allegations have been made. Please include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position with the insured entity.

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3. Details of the Claimant.

Full name of the Claimant or potential Claimant (ie the party making the claim or potential claim against the individual/insured entity).

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Address of the Claimant.

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4. Details of the Claim or Circumstance:

a. What is the amount of the loss?

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b. Was the claim or the intimation of a claim made in writing? Yes  No

c. Have you received a written demand? Yes  No

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

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**Claim Form: Association Liability (General) Insurance**

- d. Have proceedings been issued against the individual/insured entity? Yes  No

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

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If you have any other court documents, please provide copies.

If a formal investigation has been commenced, please provide us with copies of any documents received.

- e. Was the claim or intimation made verbally? Yes  No

If you answered YES, please provide details of any conversations, when they occurred and whom they were between.

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

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- g. On what date was the claim or intimation of a claim first made against the individual/insured entity?

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- h. What is the exact amount claimed against (if known)?

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**SECTION 4: OCCUPATIONAL HEALTH & SAFETY/STATUTORY LIABILITY CLAIM**

1. Is this claim made in relation to an Occupational Health & Safety breach/Statutory Liability breach? Yes  No

If you answered NO, please proceed to Section 5.

- 2.. Details of the individuals against whom the allegations have been made.

Please list all the individuals against whom allegations have been made. Please include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position with the insured entity.

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3. Details of the claimant.

Full name of the Claimant or potential Claimant (i.e. the party making the claim or potential claim against the individual/insured entity)

Address of the Claimant

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**Claim Form: Association Liability (General) Insurance**

3. Details of the Claim or Circumstance.

a. 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?

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b. Was the claim or the intimation of a claim made in writing? Yes [ ] No [ ]

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

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

d. Have proceedings been issued against the individual/insured entity? Yes [ ] No [ ]

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

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If you have any other court documents, please provide copies.

If a formal investigation has been commenced, please provide us with copies of any documents received.

e. Was the claim or intimation made verbally? Yes [ ] No [ ]

If you answered YES, please provide details of any conversations, when they occurred and whom they were between.

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

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g. On what date was the claim or intimation of a claim first made against the individual/insured entity?

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h. What is the exact amount claimed against (if known)?

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**SECTION 5: EMPLOYMENT PRACTICES CLAIM**

1. Is this an employment practices claim? Yes [ ] No [ ]

If you answered NO, please proceed to Section 6.

2. Details of the Claimant Employee.

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**Claim Form: Association Liability (General) Insurance**

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

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Address of the Claimant Employee.

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3. Details of the Claim or Circumstance.

a. Please provide a chronology of events and/or brief summary of the background of the claim; this should include the subject matter in dispute and the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim.

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b. Was the claim or the intimation of a claim made in writing? Yes [ ] No [ ]

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

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

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d. Have proceedings been issued? Yes [ ] No [ ]

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

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e. Was the claim or intimation made verbally? Yes [ ] No [ ]

If you answered YES, please provide details of any conversations, when they occurred and whom they were between.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

g. On what date was the claim or intimation of a claim first made against the individual/insured entity?

\_\_\_\_\_

h. What is the amount claimed against you/remedy sought (if known)?

\_\_\_\_\_

**SECTION 6: CRIME CLAIM**

1. Is this a Crime Claim? Yes  No

If you answered NO, proceed to Section 7.

2. Details of the Claim:

a. Do you know the identity of the alleged perpetrator? Yes  No

If you answered YES, please provide details of their name, address, position, dates of employment etc.

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b. Has the alleged perpetrator admitted to the theft? Yes  No

If you answered YES, has the alleged perpetrator arranged to pay back the entire loss or part of the loss?.

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c. Has the theft been reported to the police? Yes  No

d. Please provide a chronology of events which led to the discovery of the loss.

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e. Please provide a description of how the crime was committed.

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f. Please provide affirmative proof that you have sustained a loss.

Affirmative proof can include but is not limited to:

- Police reports;
- Loss assessor's reports;
- Audit reports;
- Statements from witnesses;
- Internal investigation reports;
- Any signed confessions;
- Account statements;
- Receipts;
- Invoices;
- Cheque requisitions;
- Cheques;
- Money orders;
- Cash receipts

**Claim Form: Association Liability (General) Insurance**

g. On what date was the loss discovered?

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h. What is the amount of the loss? If the exact amount is not yet known, please provide an estimate of the amount of the loss?

**SECTION 7: RETAINER OF DEFENCE COUNSEL (applicable to all sections)**

1 Have you obtained legal representation to act on your behalf? Yes [ ] No [ ]

If you answered YES, please provide details of their name, firm, address and charge rates together with a copy of the retainer agreement:

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**SECTION 6: LIST OF DOCUMENTS ATTACHED (applicable to all sections)**

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**SECTION 7: 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRIVACY: DUAL Australia are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim form only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: [www.dualaustralia.com.au](http://www.dualaustralia.com.au)