



ASRTM
underwriting
AGENCIES

Risk Claim Form

Professional Liability Insurance

Insured Details

Full Name
Address
Phone Fax Email

IMPORTANT NOTICE - PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

1. Any written demands
2. Correspondence relating to that demand
3. Any contract which is in issue
4. If claim is against a subsidiary company, please provide details on ownership structure of subsidiary

PART 1: Claimant Details

Full Name
Address
Phone Fax Email

PART 2: Details of Claim

Date reported / / Date incident occurred or work performed or completed / /

Incident reported by Incident reported to

What is the basis of the claim (or potential claim) against you?

When were you first aware that a claim may be made against you?

Was the claim made in writing? If yes, please attach a copy yes no

Was the claim made verbally? (If so, please provide details of any conversations, when they occurred, and who between)

What is the amount claimed against you? \$

Please provide your comments regarding the allegations?

AUTHORISED SIGNATORY

NAME OF SIGNATORY AND TITLE

Dated

/ /