

Claim Lodgement Form



IMPORTANT NOTICE

The claim form is to be completed and signed by a partner, director or principal of the insured. All questions must be answered as fully as possible.

In addition to completing this document please provide:

- + Copies of any written notices relevant to the claim and correspondence from a regulatory authority or body, including any court documents; and
- + Copies of any compulsory reporting notifications made to any Regulatory Authority or Body; and
- + Details of any corrective action undertaken by you in response to the notice and/or event; and
- + Copies of any internal documents relevant to the claim, such as incident reports, financial statements or complaints

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Appointment of legal representatives should not occur without the prior consent of Liberty Specialty Markets¹.

Should there be insufficient space to provide information please provide this in a separate document.

Policy Holder:

Policy Number:

Address:

Section(s) of the Policy to which the Claim relates:

- | | |
|---|---|
| <input type="checkbox"/> Statutory Liability | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Directors & Officers Liability | <input type="checkbox"/> Organisation Liability |
| <input type="checkbox"/> Additional Benefits | <input type="checkbox"/> Unknown / To Be Determined |

Name of Claimant(s):

Date of fact, matter or circumstance first giving rise to the Claim:

On what date did you first become aware of the claim, fact or circumstance?

Particulars of the Claim:

What amount, if any, is claimed?

If applicable, the legislation to which this Notifiable Incident relates:

DECLARATION

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct and I/We have not withheld or mis-stated any material information which may directly or indirectly affect this Claim.

I/We

- + Agree to give any further information to the Insurer that may be required;
- + Understand the Insurer requires this personal information, which will be retained by the Insurer so that the Insurer can evaluate My/Our Claim;
- + Authorise the Insurer to obtain details of claims made by Me/Us under policies with other insurers and personal information about Me/Us that is in the Insurers' view potentially relevant to this Claim;
- + Understand that I/We have certain rights of access to and correction of the personal information held by the Insurer.

This information is required under the terms and conditions of the Policy. Failure to provide such information may result in your Claim being declined.

Signature:

Name:

Date:
