



TOKIO MARINE
NICHIDO

Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291

Managing Agent in Australia:

Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455

Level 31, 9 Castlereagh Street, Sydney NSW 2000

GPO Box 4616, Sydney NSW 2001

Tel. (02) 9232 2833 Fax. (02) 9232 6374

<http://www.tokiomarine.com.au>

Email: claimsinfo@tokiomarine.com.au



Sydney 02 8912 0888
Melbourne 03 9749 8667
Mon-Fri 8:30am-5pm AEST

Professional Indemnity Claim Form

YOUR PRIVACY

- We collect personal information about you (including the information you provide in this General Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this General Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.**
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- This Privacy Statement should be read in conjunction with our Privacy Policy. A full copy of our Privacy Policy can be located on our website at www.tokiomarine.com.au, or available upon request by contacting our Privacy Officer at the details contained below in this Statement.

- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, email us at privacy@tokiomarine.com.au or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



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PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Professional Indemnity Claim Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

Please fill in all relevant sections and sign the declaration on page 3

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>	Excess	<input type="text"/>
Name of Insured	<input type="text"/>				
Postal Address	<input type="text"/>				
Contact Person	<input type="text"/>			Postcode	<input type="text"/>
Phone No	<input type="text"/>		Mobile Number	<input type="text"/>	
Email Address	<input type="text"/>				

Goods and Services Tax – to ensure you do not incur any unnecessary GST liability on this claim, please advise your:

ABN	<input type="text"/>	Entitlement to ITC in respect of	Premium	%
			Claim	%

Name of Project Site Owner:

Project Site Address:

Contract Start Date:

Date of Site Occupancy/ Possession:

Contract End date:

Contract Price:

1. What were you retained or contracted to do which may give rise to this claim or possible claims?

2. Was your retainer or contract confirmed in writing? If so, please attach a copy. If not, please provide appropriate details.

3. When did you perform the work from which this claim or possible claim arises?

4. Date when you first became aware of a claim or possible claim against you and what brought this to your attention:

5. Name of the party who is or may be claiming against you: (Please attach any demand/ writ/ statement of claim/correspondence from claiming party)

6. What allegations have been made against you? (Please set out further details if required overleaf):

7. What are your views regarding these allegations?

8. What action do you consider should be taken?

9. What is your estimate of the maximum claim if everything goes against you?

10. Any other comments which you consider pertinent:

Declaration – Read carefully before signing

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of loss.

Signature

Date

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.

You should first take your complaint up with our local manager. In most cases the problem will be resolved easily.

If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: www.fos.org.au

