

# CLAIM FORM

NOTIFICATION OF A CLAIM OR CIRCUMSTANCE  
FROM WHICH A CLAIM MAY ARISE

Nova Underwriting Pty Ltd  
ABN 42 127 786 123 / AFSL 324767

## IMPORTANT

- Please answer **ALL** questions fully. If there is insufficient space, please provide details on **Your** letterhead, and attach to this form.
- Where provided, tick the appropriate box to indicate the answer.
- “**You/Your**” refers to the signatory of this form, and/or the Insured.

1. Insured's full name	<input type="text"/>		
2. Address	<input type="text"/>		
3. Contact person	<input type="text"/>		
4. Telephone #	<input type="text"/>	Email	<input type="text"/>
5. Policy #	<input type="text"/>	ACN #	<input type="text"/>
6. Are You registered for GST?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
7. If the answer to 6 is “Yes”, what percentage will be claimed?	<input type="text"/>		%
8. Provide the name[s] and the contact details of the claimant[s] or potential claimant[s]:	<input type="text"/>		
9. Describe the nature of the services provided by You which has caused the claim [or potential claim]. If Your retainer or contract was in writing, please attach a copy:	<input type="text"/>		

10. When did You perform these services?

11. Who performed these services, and what is their relationship to You?

12. Please provide a narrative of the facts and circumstances relating to this claim [or potential claim]:

13. When did You first become aware of the matter complained of or the circumstances which gave [or may give] rise to a claim?

14. When was the claim [or intimation of a claim] first made against You?

15. If the claim [or intimation of a claim] was in writing, please attach a copy. If it was verbal, please provide an account of the conversation:

16. Please comment on each of the claimant's allegations:

17. What is Your estimate of the amount of the claim [or potential claim]?

18. Please provide any additional information that You think will be helpful to us in assisting You with this claim:

## DECLARATION

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I,  [full name] ,

holding the position of  declare the answers

given in this form are true and correct, and acknowledge that Nova Underwriting Pty Ltd [Nova] may make its decision on indemnity on the basis of these answers. I consent to Nova using the personal information in this form for the purposes of processing the claim, and to Nova sharing this information with others as appropriate to deal with the claim. Where I have provided personal information about others, I will make them aware that I've done so.

Signature

Date

Coverholder at **LLOYD'S**