

Please complete all questions as fully as possible, using space provided as well as additional pages as required. Once complete please sign and email [claims@4sightrisk.com.au](mailto:claims@4sightrisk.com.au)

## CLAIM PROCEDURE

Please read the Claim Form fully before answering the questions.

- The Claim Form is to be signed by an authorised representative of the Insured.
- All questions must be answered in the Claims Form. If any questions are incomplete or not answered, 4Sight Risk may return the Claims Form to you and ask for it to be re-submitted.
- 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, or court documents.
- Please do not admit any wrong doing to any third parties, make any offers of settlement without our consent, or disclose the details of your insurance policy with 4Sight Risk.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.

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**PLEASE COMPLETE ALL SECTIONS, SIGN AND EMAIL TO [CLAIMS@4SIGHTRISK.COM.AU](mailto:claims@4sightrisk.com.au)**

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## INSURED DETAILS

Name of Insured:

Address:  Postcode:

Contact Person and Position:

Phone number:  Email:

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## POLICY DETAILS

Policy Number:

Period of Insurance:

Are there any other insurance policies that may be applicable to this notification?  YES  NO

If YES, please provide the following details:

Policy Holder:

Insurer:

Type of Insurance:

Has the matter been notified to that insurer?  YES  NO

## CLAIMANT DETAILS

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

Address of the  
Claimant:

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## DETAILS OF THE RETAINER/ CONTRACT

What were you retained or contracted to do?

Was your retainer/contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms.

When did you perform the work out of  
which the claim arises or may arise?

Please provide the name of the person within the firm/company who actually performed the work or against whom the claim or potential claim is principally directed.

Title:

TITLE

Telephone:

Mobile:

Email:

What are their duties?

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## DETAILS OF THE CLAIM OR CIRCUMSTANCE

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?

Was the claim or the intimation of a claim made in writing?  YES  NO

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.

If you answered YES, please confirm the date you received the written demand:  D  D /  M  M /  Y  Y

Have proceedings been issued against you?  YES  NO

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

Was the claim or the intimation of a claim made verbally?  YES  NO

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

On what date did you first become aware of the claim or the fact or circumstance which may give rise to a claim?  D  D /  M  M /  Y  Y

What is the amount being claimed (if known)? \$

## DETAILS OF THE INSURED'S RESPONSE

What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim?

YES  NO If you answered YES, please provide details:

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

Are there any additional details about which you wish to advise, or which may be of interest to 4Sight Risk Partners, so that 4Sight Risk Partners will have a better understanding of this matter?

If you answered YES, please provide details along with supporting documents:

Have you obtained legal representation to act on your behalf?  YES  NO

If you answered YES, please provide details:

Name:  Firm:

Address:  Postcode:

Charge out rates: \$

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## LIST OF DOCUMENTS ATTACHED

## DECLARATION

The undersigned declares that the statement and particulars provided in connection with this claim or circumstance (whether written or oral) are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information given by us alter, the undersigned will give immediate notice thereof. The undersigned agrees that 4Sight Risk Partners may use and disclose our personal information in accordance with the 'Privacy Collection Statement'. The undersigned agrees that this Claim Form, together with all other information supplied to us, shall form part of the claim thereon.

Full Name:

Position:

Signature:

Date:   /   /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS CLAIM SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

We recommend that you keep a record of all information supplied (including copies of this Claim Form and correspondence). Please submit a copy of this completed Claim Form and supporting attachments to [claims@4sightrisk.com.au](mailto:claims@4sightrisk.com.au)

## PRIVACY COLLECTION STATEMENT

We are committed to protecting your privacy and complying with the Privacy Act 1988 (Cth) ('Privacy Act').

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess and manage claims, on behalf of the insurers we represent. If you do not provide us with full information, we may not be able to provide insurance or assess and manage a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We may provide your personal information to the insurer we represent, insurance regulators and other insurance bodies as required by law. We may also provide your information to your broker and any third party claims service providers (such as claims management companies, parties repairing or replacing the subject matter, loss adjusters and appointed law firms (and the like)). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at [claims@4sightrisk.com](mailto:claims@4sightrisk.com) or access it via our website using the following link.