

**DCS Asia Pacific Pty Ltd
Legal Expenses Cover
Preliminary Assessment Form (“PAF”)**



Section A – All to complete	
Name of Insured	
Union membership or policy number	
Name and contact details of solicitor	
<p>Broad description of complaint / proposal.</p> <p>Please use separate sheet if necessary.</p> <p>Attach supporting documents, for example, witness statements, reports etc</p>	
Section B – Complete only if insured is to be a plaintiff in proposed / possible proceedings.	
Identity of proposed Defendant	
To what extent is Defendant aware of this complaint? (eg not at all, initial correspondence only or existing proceedings)	
Likely jurisdiction of proceedings (or actual if already issued)	
Estimated value of claim if known	
Section C – complete only if insured is, or is to be defendant in likely or actual proceedings.	
Identity of plaintiff (if applicable)	

Jurisdiction of proceedings known / anticipated)			
<p>Section D – all to complete. Please provide estimate of all costs inclusive of estimated use of counsel, all disbursements and any external expert advice (which should be broken down individually).</p> <p>Please provide on staged basis as appropriate for applicable jurisdiction.</p> <p>Eg to completion of discovery / compulsory conference / hearing / etc.</p>			
To completion of;	Estimated solicitor's costs	Estimated use of counsel	All other disbursements and costs in court fees
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Breakdown of costs (please complete name and rate as applicable)			
Partner - rate per hour			
Special Counsel - rate per hour			
Senior Associate - rate per hour			
Associate - rate per hour			
Solicitor - rate per hour			
Paralegal - rate per hour			
Support - rate per hour			
Solicitor Other - rate per hour			
Snr Counsel - rate per hour/day			
Jr Counsel - rate per hour/day			
Expert - estimated report cost			
Medicals - estimated report cost			
Investigator - estimated cost			
Other – estimated cost			

Section E – Solicitor to sign.

On the facts as known to me I hold a reasonably reached opinion that a prudent and uninsured party in the position of my client (the insured) would incur legal and associated costs and (if applicable) exposure to potential adverse costs in the above described proceedings or dispute having regard to:

- a) the amount in dispute;
- b) the prospects of successfully resolving the dispute to the advantage of my client;
- c) the estimated and associated costs likely to be incurred in resolving the dispute;
- d) the estimated exposure to adverse costs likely to be incurred should the dispute not be successfully resolved in favour of my client; and
- e) the terms of any offer of settlement made by any party to the proceedings or dispute.

In addition I confirm that I will advise DCS Asia Pacific immediately should any of the above considerations materially alter whether or not that alteration results in my opinion as to the merits of the continuation or commencement of this dispute or proceedings.

Signed and dated by solicitor	
Name & address	

Section F – insured / client to sign

I have accurately provided my solicitor with all applicable facts, documents and information that I believe to be relevant to this dispute.

I recognise that any information provided in respect to this dispute may be relied on by insurers in the assessment of this claim and the provision of any false or misleading information may give rise to a refusal by insurers to provide cover and could lead to proceedings by insurers against me to recover any losses suffered as a result of relying on this information.

Signed and dated by insured	
Name & address	