

**NOTIFICATION OF A CLAIM OR CIRCUMSTANCES FROM WHICH A CLAIM MAY ARISE**

Please fully complete this form as it will assist us to deal with the matter as quickly as possible. The form should be completed by a director, partner or principal of the Insured.

PLEASE PROVIDE THE FOLLOWING INFORMATION *[If there's insufficient space in the form, please attach the additional information on the Insured's letterhead]:*

1. Insured's full name ..... "You"
2. Your address .....
3. Contact person .....
4. Telephone # ..... Fax # ..... Email .....
5. Policy # ..... ACN # .....
6. Are you registered for GST ? .....
7. Have you claimed [or will you claim] a GST input tax credit in relation to the premium paid for this policy ? .....
8. If the answer to 7 is "yes", what percentage had been claimed [or will be claimed] ? ..... %
9. Provide the name[s] and the contact details of the claimant[s] or potential claimant[s] :  
.....  
.....  
.....
10. Describe the nature of the services provided by you which has caused the claim [or potential claim]:  
.....  
.....  
.....
11. When did you perform these services ? .... / ..... / .....
12. Who performed these services, and what is their relationship to you ?  
.....
13. Please provide a narrative of the facts and circumstances relating to this claim [or potential claim]:  
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.....  
.....  
.....

14. When did you first become aware of the matter complained of or the circumstances which gave [or may give] rise to the claim ?  
..... / ..... / .....

15. When was the claim [or intimation of a claim] first made against you ? ..... / ..... / .....

16. 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:

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

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18. What is your estimate of the amount of the claim [or potential claim] ? \$.....

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

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**DECLARATION**

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 ..... / ..... / .....

**GENERAL INSURANCE CODE OF PRACTICE**

Other than for claims managed outside Australia, our policies comply with the Insurance Council of Australia's General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry and is proudly supported by Nova. Any enquiry or complaint relating to this claim should be referred to Nova, but if you are not satisfied with the way Nova dealt with the matter, you should write to Lloyd's Underwriters' General Representative in Australia, Suite 2, Level 21, Angel Place, 123 Pitt Street SYDNEY NSW 2000, who will refer the matter to Policyholder and Market Assistance at Lloyd's . If they are unable to resolve the complaint, it may be referred to the Financial Ombudsman Service [UK], but further details will be provided at the appropriate juncture. More information about the code can be found at [www.codeofpractice.com.au](http://www.codeofpractice.com.au).