

NOTIFICATION FORM FOR CLAIMS OR CIRCUMSTANCES WHICH MAY GIVE RISE TO A CLAIM

IMPORTANT NOTICES

PRIVACY STATEMENT

Focus Underwriting (a trading entity of IBL Limited) complies with the National Privacy Principles. If you would like a copy of our Privacy Policy visit our website www.focusuw.com.au or if you wish to access the information we hold about you, contact our Complaints Manager on 1800 810 970. Where possible your request will be dealt with immediately although you may need to complete a formal request for more complex requests.

CONTACTING US OR OPTING OUT

If you do not want us to disclose your personal information to any other organisation you can opt out by contacting us on email: cm@focusuw.com.au, however we advise that such action may prevent us from providing products or services requested by you.

If you do not notify us before next dealing with us, you confirm agreement to the above on your own behalf and/or on behalf of those you represent.

GENERAL INSURANCE CODE OF PRACTICE

We will handle your claim in accordance with the General Insurance Code of Practice, which sets specific standards for our claims service. A copy of the Code can be obtained from the Insurance Council of Australia by visiting www.codeofpractice.com.au or telephoning (02) 9253 5100.

QUESTIONS AND COMPLAINTS

Focus Underwriting is committed to the efficient resolution of complaints received in relation to the services that are offered by us. If you have any complaint about the service provided, you should take the following steps:

1. Contact the Claims Department and tell them about your complaint. If we are unable to resolve your complaint, we will ask you to detail your complaint in writing.
2. Detail your complaint in writing and address it to the National Claims Manager. This will ensure that all parties involved fully understand your complaint.
3. Within 5 days of receipt of your written complaint, the National Claims Manager will notify you of any outcome or further discussions or investigations that need to occur. We will try to resolve your complaint quickly and fairly.
4. If you are not satisfied with the outcome, you may contact our Complaints Manager on 1800 810 970.
5. If you still do not receive a satisfactory outcome, you may have the right to complain to the insurer or to the Australian Financial Complaints Authority (AFCA). We will advise you of the contact details for these avenues if we have not satisfactorily resolved the complaint within 15 business days.

OTHER INFORMATION YOU SHOULD KNOW

All notifications of claims or circumstances which may give rise to a claim under the policy should be communicated to Focus Underwriting at the address below. Upon receipt of the Notification Form, the Claims Department at Focus Underwriting will take steps to investigate the matter.

Please note that in arranging, investigating and dealing with or settling a claim under the policy Focus Underwriting will be acting under an authority given to us by AAI Limited trading as Vero Insurance and we will be acting as agent of the insurer.

Complete and return to Focus Underwriting, Claims Department

Level 21, 41 Exhibition Street, Melbourne, VIC 3000

Telephone Number: 1800 234 338

Email: cm@focusuw.com.au

**Please attach any supplementary information, and do not make any statement
that might be interpreted as an admission of fault.**

INSURED'S DETAILS

Q1a	Name:		
Q1b	Profession:		
Q2	Address:		
Q3	Contact Name:	Telephone: ()	
		Facsimile: ()	
		Email:	
Q4	Policy Number:		
Q5a	Are you registered for GST purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Q5b	If yes, what is your ABN?		
Q5c	Have you claimed/are you entitled to claim an input tax credit for 100% of the GST paid on the premium for your Policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Q5d	If no, what is your percentage entitlement?		%

CLAIM/NOTIFICATION DETAILS

Q6	Name of claimant or potential claimant:		
Q7	On what date did you first become aware of facts or circumstances which may give rise to a claim against you?		/ /
Q8	Provide details of the facts or circumstances which are the subject of this notification.		
Q9	When did you provide the professional services which are the subject of this notification?		/ /
Q10a	Has a formal claim or allegation of negligence been made against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Q10b	If yes, on what date was the claim or allegation made?		/ /
Q11a	Who made the claim or allegation?		
Q11b	What was the claim or allegation? (If written, attach a copy)		
Q11c	Provide a copy of your response if any, to the claim or allegation.		

Q12 What is your estimate of the amount of the claim or potential claim? (e.g. rectification costs)

DETAILS OF YOUR PROFESSIONAL ENGAGEMENT PERTAINING TO THIS NOTIFICATION

Q13 Address of the project:

Q14 Type of project:

Q15 Name of your client:

Q16 What was the scope of the professional services you were engaged to provide?

Q17a Were your professional services part of:

i. A Joint Venture?

☐ Yes ☐ No

ii. Architects in Association?

☐ Yes ☐ No

Q17b If yes, provide details.

Q18a What is the value of the project?

Q18b What are the agreed fees for the professional services provided by you?

Q19a Do you have a written client agreement relating to the project?

☐ Yes ☐ No

Q19b In what form was the agreement?

Q20 If other circumstances have been notified to us for the project, provide details including our reference number:

DECLARATION

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and no information has been withheld by me/us.

SIGNATURE OF PERSON WITH AUTHORITY ON
BEHALF OF THE INSURED

DATE