

Claims Form



ABN 69 614 898 270 | AFSL 493713

INSURANCE CLAIM

Notification Form



 \boxtimes

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General Details

1. Insured Details:

	Name of Insured			ABN
2.	Main contact details of Insured:			
	Principal trading address			
	Contact Email			
3.	Policy Number:			
4.	Type of Insurance:			
5.	Occupation:			
6.	Input Tax Credit percentage claimed on policy:			
7.	Excess:			
8.	Broker:			
	Name of Broking House			
	Your Contact			

More Information

- 9. What were you retained or contracted to do which may give rise to this claim or possible claims?
- 10. Was your retainer or contract confirmed in writing? If so please attach a copy. If not, please provide appropriate details of the contract.

- 11. When did you perform the work from which this claim or possible claim arises?
- 12. Date on which you first became aware of a claim or possible claim against you and what brought this to your attention?
- 13. Name of the party who is or may be claiming against you:
- 14. What allegations have been made against you (please add another sheet if necessary):
- 15. What are you views regarding these allegations?
- 16. What action do you consider should be taken?
- 17. What is your estimate of the maximum claim if everything goes against you? And how is this itemised?

18. Any other comments which you considered relevant?

Name and Position of person signing:

Date:

Purpose for collection of information

FTA Insurance Pty Ltd is committed to compliance with the Privacy Act 1988 (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims.

We provide your information to the insurers we represent when we receive a submission from your broker, decline, quote or issue and administer your insurance. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies, auditors and solicitors), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone 02 9003 1660, email quotes@FTAinsurance.com.au or by visiting our website www.FTAinsurance.com.au.

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

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This document is confidential as between FTA, its underwriters and their advisers and the entity marking the claim and insured under the FTA issued policy. This document has been prepared for the dominant purposes of obtaining legal advice on the claims or circumstances being notified.