

DCS ASIA PACIFIC PTY LTD
Notification Form – Professional Indemnity

Please complete this form to the extent possible.

Please note that information provided in this form will be used to assess the claim you are notifying and the accuracy of this information will be relied on by insurers.

Insured	
Policy reference	
Insurer	
Period of insurance	
Contact Information	
Contact Name	
Contact Address	
Contact Phone	
Contact Email	
Broker	
Broker phone no	
Broker reference	
Incident Details	
Name of (potential) claimant(s)	
Date of incident out of which a claim has been made or might be made against the insured	

Date when the insured first became aware there existed a set of circumstances which may result in a claim being made against them	
Date when the insured first received notice of intention of any party to make a claim	
Please provide details of the facts or circumstances and/or allegations giving rise to this notification	
Please provide your estimate of possible damages or the potential amount of any claim	

Privacy Statement

DCS Asia Pacific Pty Ltd is committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing this claim. We may need to provide that information to your brokers or representatives, to your underwriters, their reinsurers (and their representatives) and those that we (or they) appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with the personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purpose for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Declaration

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/we consent to DCS Asia Pacific Pty Limited and my/our insurers using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we consent to DCS Asia Pacific Pty Limited and my/our insurers disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisers. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact.

Name	
Position	
Company	
Date	
Signature of the insured or person with authority to sign on behalf of the insured	