

CONFIDENTIAL

## CLAIM ADVICE FORM

**FOR POSSIBLE CLAIM OR CIRCUMSTANCE  
TO BE COMPLETED & RETURNED PROMPTLY TO BERKLEY INSURANCE AUSTRALIA:**

National Head of Claims  
Berkley Insurance Australia  
Level 23  
31, Market St  
Sydney NSW 2000

Email: [australiacclaims@berkleyinaus.com.au](mailto:australiacclaims@berkleyinaus.com.au)

Telephone: (02) 9275 8500  
Fax: (02) 9261 2773

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### Purpose for Collection of Information

The information contained in this document and any other documents provided is confidential and has been prepared for the dominant purpose of enabling Berkley Insurance Australia to obtain legal advice in relation to the claim or circumstances notified herein and/or in connection with litigation that is contemplated or pending.

### Privacy

Berkley Insurance Australia seeks at all times to comply with applicable privacy laws. You must give us certain assurances about the collection, use, disclosure and handling of personal information you may give to us, and which we may give to you. You must also comply with our requirements in relation to the protection of personal information.

### Information that you provide to us

- ◆ Berkley Insurance Australia may collect, use and disclose personal information for the purpose of providing legal claims management services, advice and assistance to you.
- ◆ It may be necessary for Berkley Insurance Australia to disclose this personal information to other individuals or organisations in connection with your claim, including its legal advisers, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in your matter. By submitting your notification and continuing to deal with us, you confirm your consent to Berkley Insurance Australia and these parties collecting, using and disclosing personal and sensitive information about you for the purpose of providing our services.
- ◆ If the personal information Berkley Insurance Australia request from you is not provided, Berkley Insurance Australia or any involved third party may not be able to provide the appropriate services.
- ◆ You warrant to us that, where you provide us with personal information you have collected from other individuals:
  - ◆ that information has been collected in accordance with the applicable privacy legislation;
  - ◆ we are authorised to receive that information from you and to use it for the purposes of providing legal claims management services and advice; and
  - ◆ they have been made aware of the matters of which a person about whom personal information is collected must be made aware under the *Privacy Act 1988(Cth)*.

### Information that we provide to you

- ◆ In the course of providing our services we may disclose to you personal information about other individuals. You agree to use, disclose, handle, store and transfer that information only in accordance with the Privacy Act.

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

ABN: \_\_\_\_\_ Input Tax Credit: \_\_\_\_\_ %

Policy No: \_\_\_\_\_

Excess: \$ \_\_\_\_\_

Broker: Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1) What were you retained or contracted to do which may give rise to this claim or possible claims?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Was your retainer or contract confirmed in writing? If so, please attach a copy. If not, please provide appropriate details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) When did you perform the work from which this claim or possible claim arises?

\_\_\_\_\_

4) Date when you first became aware of a claim or possible claim against you and what brought this to your attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Name of the party who is or may be claiming against you:

\_\_\_\_\_  
\_\_\_\_\_

6) What allegations have been made against you? (Please set out further details overleaf):

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7) What are your views regarding these allegations?

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8) What action do you consider should be taken?

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9) What is your estimate of the maximum claim if everything goes against you?

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