

DIRECTORS AND OFFICERS INSURANCE CLAIM FORM

BROKER: _____ POLICY No: _____

IMPORTANT FACTS

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984 , to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Underwriters

This Policy is underwritten one hundred percent (100%) by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street Sydney

In arranging and effecting this policy, InterPacific Underwriting Agencies Pty Limited trading as Australis Group Underwriting ABN 38 077 515 327 will be acting under authority given to it by the Insurers. It will be acting as agent of the Insurers not as Your agent

Privacy

Our privacy promise to you

We are committed to safeguarding you privacy and the confidentiality of your personal information.

We will collect personal information on or about you, for primary purposes which are relevant to your insurance policy, including any claims you may make.

We will use your personal information in a way that you would reasonably expect.

If you do not give us this information, we cannot give you insurance or deal with any claim.

We may disclose your personal information to:

- QBE Insurance (Australia) Limited, and their related companies;
- an investigator, assessor, State or Federal Health Authorities, lawyers, accountants, medical practitioners, hospitals, or other professional advisers (for the purpose of investigating or assessing your claim);
- an airline, medical practitioner, treating doctor or emergency assistance provider (to establish your medical status and fitness to travel);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovering our costs including your excess);
- an immediate family member;
- another insurer (for the purpose of seeking recovery from them or to assist them to assess insurance risk);
- our reinsurers; and
- an Insurance reference bureau (to record any claims you make upon us).

For more information about our Privacy Policy, please visit our website – www.ausuw.com.

IMPORTANT NOTICE

- Please read the Claim Form fully prior to answering the questions
- The Claim Form is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer.
- ALL questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Manager
Australis Group Underwriting
GPO Box 247
Sydney, NSW 2001

A. DETAILS OF INSURED CORPORATION OR DIRECTORS/OFFICERS GIVING NOTIFICATION OF A CLAIM OR POTENTIAL CLAIM

1. Full Name of the Insured Corporation giving notification: _____

Address of the Insured Corporation giving notification: _____

Postcode: _____

Full Name of the Directors/Officers giving notification: _____

Address of the Directors/Officers giving notification: _____

Policy Number/Certificate (if known): _____

Contact Person: _____

Telephone: (_____) _____ Facsimile: (_____) _____

What percentage of GST on Premium has been applied as an Input Tax Credit? _____%

B. THE DETAILS OF THE RELEVANT INSURED PERSON(S)

2. (a) Full Name of the Insured Person(s) who is/are the subject of the claim or potential claim: _____

(b) Name of the Insured Entity of which such Insured Person(s) is/are a Director/Officer or Employee: _____

C. DETAILS OF CLAIMANT

3. (a) Full Name of the Claimant or potential Claimant (i.e. the party making the claim upon the Insured): _____

(b) Address of the Claimant: _____

Postcode: _____

D. DETAILS OF THE SUBJECT ACTIVITY

4. (a) From what activity on the part of the Insured does the claim or potential claim arise? _____

- (b) Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars:

5. When was the activity from which the claim arises or may arise performed or undertaken? _____

E. DETAILS OF CLAIM OR CIRCUMSTANCE

6. What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?

7. On what date did you first become aware of the claim or of such fact or circumstance? _____

8. On what date was the claim or the intimation of a claim first made against you? _____

9. (a) Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy.) _____
- (b) If verbal, please give a "first person" account of the conversation: _____

10. What amount, if any, is claimed? _____

F. DETAILS OF INSURED'S RESPONSE

11. (a) What are your comments in response to the claim or the fact or circumstance that might give rise to a claim? _____

(b) What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

11. Are there additional details which you wish to advise, or which may be of interest to Underwriters, so that Underwriters will have a better understanding of this matter? If so, please provide details along with supporting documentation:

DECLARATION

I, _____
(print name in full)

(print position in full)

of the Insured on behalf of the Insured declare the above answers to be true and correct AND acknowledge that Underwriters may make their decision on indemnity having regard to these answers.

Signature

_____/_____/_____
Date

NB. YOU ARE REMINDED THAT IN NO CIRCUMSTANCE SHOULD YOU ADMIT ANY LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE IN CONNECTION WITH ANY INCIDENT WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY.

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