



technical



training



insurance



NOTIFICATION OF CLAIM FORM

This form must be completed by a Partner/Director/Principal of the Insured. All questions must be answered as fully as possible using additional pages if necessary.

1. Your Details (The Insured)

Your Name:

Name of Your Firm:

Policy No:

2. Details of Person(s) Claiming Against You (Claimant)

Full Name of Claimant:

Address:

Suburb:	Postcode:	State:
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If known

Mobile :	Email:
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PO Box 550
KOTARA NSW 2289
Phone 1300 309 169
Email claims@rapidsolutions.com.au
www.rapidsolutions.com.au

ABN 49 055 149 203 AFSL 232422

3. Details of Claim

What was the work you were contracted (asked) to do?

Date/s the work was carried out. (*There may be a list of dates if it was for Termite Management*)

Who carried out the work?

Was your contract in writing, eg treatment proposal, quotation?

- *We will require copies of all paperwork provided to the claimant for the work carried out in relation to the claim please attach to the claim form.*

When did you first become aware of the complaint or the situation that a claim has arisen from?

Date:

Were you told verbally or in writing? If in writing, please provide a copy.

If verbally, please describe the conversation with the claimant. Eg "I was told"

(Use a separate page if necessary)

What are your comments on the claimant's allegations?

What is the amount claimed? (if known)

What are your comments on the amount of the claim? (Use a separate page if necessary)

I, (print name in full), a Partner/Director/Principal of the Insured firm declare the above answers to be true AND acknowledge that Pacific International may make its decision on indemnity having regard to these answers. I acknowledge that in accordance with the terms of the policy with Pacific International I shall bear the cost of the policy excess and agree to payment within 14 days from the date of their request. I further acknowledge that, in accord with the terms of the policy, Pacific International shall be entitled to take over and conduct the defence or settlement of this claim.

Name:

Signature Date//

Rapid Solutions acts under an Underwriting Agreement for Pacific International Insurance Pty Ltd and has been authorised to handle claims on behalf of the insurer.

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer. Rapid Solutions also subscribes to the Financial Ombudsman Service Limited, a free consumer service, and the General Insurance Brokers Code of Practice. Further information is available from our office.