

QBE Professional Indemnity Claim

QBE Pacific Islands



A. Notes

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
- b) the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details

Name of insured	<input type="text"/>				
Address	<input type="text"/>				
Contact person	<input type="text"/>				
Private tel. no	<input type="text"/>	Business tel. no	<input type="text"/>	Mobile tel. no	<input type="text"/>
Fax no	<input type="text"/>	email	<input type="text"/>		
Occupation	<input type="text"/>				

C. Details of claimant

1. Full name of claimant or potential claimant (i.e the party claiming against you or the firm/company)

2. Address of the claimant:

D. Details of insured's retainer / contract

1. What were you retained/contracted to do?

2. Was your retainer/contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

3. When did you provide the work out of which the claim arises or may arise?

4. Please provide the name of the person within the firm/company who actually performed the work or against whom the claim or potential claim is principally directed.

E. Details of claim or circumstance

1. 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?

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

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

4. Was the first intimation of a claim verbal or in writing? (If in writing, please attach a copy).

5. If verbal, please give a "first person" account of the conversation.

6. What amount, if any, is claimed?

F. Details of insured's response

1. What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

2. 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?

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

G. Signature and declaration

I/we declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/we understand the claim may be refused or reduced if information is withheld.
3. I/we authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/we authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured

Date

Fiji QBE Insurance (Fiji) Limited

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