



Financial Lines &  
Professional Indemnity Insurance  
**Claim notification form**



**IMPORTANT INFORMATION**

Use this notification form to notify claims on all Delta Insurance liability policies except Crime. Upon discovery of a crime loss, send written notice to [claims@deltainsurance.com.au](mailto:claims@deltainsurance.com.au) and then we can discuss the proof of loss requirements with you.

You should not make any admission of liability, make any offer of settlement or incur any defence costs without Delta Insurance's prior approval.

Please return this form along with all attaching documentation to [claims@deltainsurance.com.au](mailto:claims@deltainsurance.com.au)

**POLICY DETAILS**

- 1 Policy number:
- 2 Name of Insured: Phone:
- 3 Address:
- 4 Contact name: Email:

**CLAIM DETAILS**

- 5 Who is or may be bringing a liability claim against you?  
 Name: Phone:  
 Address:
- 6 Have they made a written or verbal claim against you?  Yes  No  
 If Yes, on what date did you receive it?
- 7 On what date did you become aware of the circumstances which you are notifying?
- 8 On what date or between what dates did you carry out the activities which gave rise to the claim or circumstance which you are notifying?
- 9 Please provide full details of claim being made against you or the circumstances that you consider may give rise to a claim. You may attach a separate document if you prefer. **Attach copies of all court documents, letters of demand, written allegations of fault, notes of any conversations with the claimant about the claim, and any other documents which will enable your insurer to understand the nature of the claim against you.**

- 10 Please provide details of your relationship with the claimant including any work you have carried out for them to which the claim relates:

- 11 How much is being claimed from you?
- 12 How much do you estimate the claimant's loss to be?
- 13 Do you consider that you are at fault and why?

14 Have you made any admissions of liability or responsibility?  Yes  No

If Yes, please provide details:

15 Have you obtained any legal or other advice about the claim against you?  Yes  No

If Yes, please provide details. Please note that legal and other defence costs require prior approval and that Delta Insurance has the right to require the appointment of its own choice of representative.

#### OTHER INFORMATION

16 Do you have any other insurance policies which may cover this claim?  Yes  No

17 Are you attaching any documents?  Yes  No

If Yes, please list them:

#### PRIVACY STATEMENT

Delta Insurance Australia Pty Ltd is committed to protecting your privacy. We have adopted the Australian Privacy Principles (**APPs**) contained in the Privacy Act 1988 (Cth) (**Privacy Act**). The APPs govern the way in which we collect, use, disclose, store, secure and dispose of your Personal Information.

Any Personal Information we collect about you will only be used for the purposes indicated in our Privacy Policy and only in the instance you have provided us with your consent or as otherwise required by law.

We will need to collect personal information from you or your insurance agent to assist with assessing your risk so that we can offer our products and services.

#### DECLARATION

- (a) I am authorised to complete this form on behalf of the Insured.
- (b) The information given above is correct and complete to the best of my knowledge and belief.
- (c) I have not withheld any material information which may affect Delta Insurance's assessment of this claim.
- (d) I authorise the use of this information (and any further information supplied by me or the insured during the course of the claim) by Delta Insurance to assess and administer this claim.
- (e) I authorise the disclosure of this information by Delta Insurance to its advisers, reinsurers and other insurers.
- (f) I understand that I / the insured have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date: