

# Professional Risks Notification Form

- \* Please do not include any statement or comment on this form which could be construed as an admission of fault
- \* Please attach any supplementary information and relevant correspondence

## Section A. General Information (Please use BLOCK letters)

Name of Organisation  Policy Number

### Contact Regarding This Claim:

Title  Contact Name  Position Held

Email

Postal Address  Suburb  State  Postcode

Phone (BH) (  )  Mobile  Fax (  )

## Section B. Claim Details

Due to the 'Claims Made' nature of these policies, a date MUST be provided for Item 1 and/or Item 3 below.

1. Date when services rendered, or wrongful act was committed, out of which a Claim has been / might be made against the insured (DD/MM/YYYY)  /  /

2. Please provide a brief description of service provided, or alleged wrongful act

3. Date when the insured:  
(a) first became aware that a set of circumstances existed, which may result in a claim being made  /  /   
(b) first received notice of intention of any party to make a claim  /  /

4. Your opinion of possible rectification costs OR potential amount being claimed \$

5. Name of person making the complaint

6. Circumstances that have arisen which may lead to a claim - brief summary only.

## Section C. GST and Bank Details

To ensure you do not incur any unnecessary GST Liability on this claim please complete the following questions.

1. What is your ABN Number?

2. Are you registered for GST purposes?  Yes  No *If yes, do you claim 100% of your GST paid?*  Yes  No

Where possible we prefer to make payments by EFT. To help us facilitate this, please provide your bank details below.

Bank  Branch

BSB  Account No.  Account Name

## Section D. Privacy Statement

ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) ("ACS Financial") ("we"/"us") is committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles ("APPs") under the *Privacy Act 1988 (Cth)* regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law.

You can obtain a copy of the 'ACS Group Privacy Policy' by calling 1 800 646 777 or by downloading a copy at [www.acsfinancial.com.au/customer-support - Privacy Policy](http://www.acsfinancial.com.au/customer-support-Privacy-Policy).

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to any recommendation that you acquire or offer to arrange for the issue of an insurance policy or a mutual protection to you as well as the amount of your premiums or contributions or the assessment of any claims made by you or your personal representative. If you do not provide the full information that we request and disclose every matter that you know or could reasonably be expected to know, we may be unable to assist you with your application or if you accept insurance cover and/or mutual protections you may be in breach **of your Duty of Disclosure**.

Ensure that you seek permission from individuals before you provide us with their personal information, and let them know about this Privacy Statement and how they can contact us if they want to access or correct information we hold about them.

We do not trade, rent or sell your personal information. We may use your personal information to provide you with information about other products, services and special offers. If you do not want your personal information used in this way **please write or email ACS Insurance Services with your opt-out request and they will arrange accordingly**.

## Section E. Declaration

### Declaration

I/We declare that:

- the information I/we have provided is true, complete and correct to the best of my/our knowledge, and I/we will inform ACS Financial should any of this information change in the future;
- the information I/we have provided includes every matter known to me/us that is relevant to the claim;
- I/We are duly authorised to act for and on behalf of the above-named organisation and have completed this form on behalf of it and all those who may be entitled to indemnity/Protection, after due enquiry of all directors or office bearers and senior staff;
- I/We authorise ACS Financial to obtain from or give to any insurer or ACS Mutual Limited (ACN 162 909 346) or insurance reference bureau or credit reporting agency any personal information relating to this or other insurance cover/Protection relating to me or the above-named organisation including claims or credit history; and
- I/We understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACS Financial and its service providers using and disclosing my/our information in the way described in the Privacy Statement. Where information about a third party individual is supplied, I/we declare that the person has been made aware of that fact and of the Privacy Policy.

Signature of the Insured or person with authority to sign for and on behalf of the entity.

X

Date (DD/MM/YYYY)

/  /

Full Name

Position Held

**Please send completed Claim Form (including any attachments) to:**

**The Claims Manager**

**ACS Insurance Services**

**431 Canterbury Road, Surrey Hills VIC 3127**

**E [insuranceservices@acsfinancial.com.au](mailto:insuranceservices@acsfinancial.com.au) • F 1300 881 552**