



QBE Insurance (Vietnam) Co., Ltd.

PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM

IMPORTANT NOTICE:

- Please read the Claim Form fully prior to answering the questions.
- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.
- **ALL** questions must be answered as fully as possible. Please use 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 Department
QBE Insurance (Vietnam) Limited.
Unit 1603, The Metropolitan
235 Dong Khoi Street, District 1
Ho Chi Minh City, VIETNAM**

A. DETAILS OF INSURED

1. Full Name of Insured			
Address of the Insured			
Contact Person			
Policy Number (if known)			
Telephone Number		Facsimile Number	

B. DETAILS OF CLAIMANT

2. Full Name of the Claimant or potential Claim (i.e. the party claiming against you or the firm/company)	
Address of the Claimant	

C. DETAILS OF INSURED'S RETAINER/CONTRACT	
3.	(a) What were you retained/contracted to do?
	(b) Was your retainer/contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.
4.	When did you perform the work out of which the claim arises or may arise?
5.	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.

D. 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?

E. 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?

12. 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.

F. DECLARATION

I,
(print name in full)

.....
(print position in full)

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

Signature

Date