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| [**media, entertainment & arts alliance**](http://www.alliance.org.au/)  **the people who inform and entertain**  **Multimedia Liability Insurance (including Professional Indemnity)** |

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| **In respect of Multimedia Liability Insurance (including Professional Indemnity) notifications this form is to be completed by a Principal, Partner or Director of the Insured.** |

**FreelancePro - Claim Form**

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| **Policy Number/s** | **Media Liability Insurance Policy Number: 01CH548305**  **Public Liability Insurance Policy Number: 01CL548164** |
| **Name of Member/Claimant** |  |
| **Financial Member Number** |  |
| **Address** |  |
| **Preferred Phone Details** |  |
| **Email** |  |

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| **BROKER NAME** | Vikki Karatovic, Senior Client Manager, Commercial Risk Solutions |
| **Telephone** | 0416 181 851 |
| **Email** | vikki.karatovic@aon.com |

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| **INSUREDS CONTRACT / RETAINER:** |
| **By whom were you retained/with whom did you contract?** |
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| **What were you retained/contracted to do? If the retainer/contract was in writing, please provide a copy.** |
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| **When did you perform the work from which the Claim has arisen or has the potential to arise?**   **/**  **/** |

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| **CLAIM DETAILS:** |
| **What has been claimed against you or what fact or circumstance has the potential to give rise to a Claim?** |
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| **When were you first aware of the Claim or the fact or circumstance?**  **/ /** |
| **When was the Claim first made against you?**  **/ /** |
| **Was the Claim in writing? Yes ⬜ No ⬜ If Yes, please provide a copy** |
| **Was the Claim made verbally? Yes ⬜ No ⬜ If Yes, please provide details below** |
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| **What is the estimated quantum of the Claim, or the potential Claim? $** |

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| **INSURED COMMENTS:** |
| **Do you have further information concerning this matter which may be of interest to Insurers?**  **(If so, please provide details below)** |
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| **IN RESPECT OF PERSONAL INJURY OR PROPERTY DAMAGE** |
| When did the alleged accident occur? / / |
| **Where did the alleged accident occur?** |
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| **Please provide a brief description of the alleged accident** |
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| **Please provide a brief description of the injuries or property damage** |
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| **Please provide the names and contact details of any witnesses to the alleged accident.** |
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| **Signature of Partner, Principal or Director** |  |
| **Member Name** |  |
| **Date** |  |

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| **Financial Member Verification Signature** |  |
| **Financial Member Verification Name** |  |
| **Date** |  |