



# FINANCIAL LINES CLAIM AND NOTIFICATION OF CIRCUMSTANCES FORM

Please send any new financial lines claims to the following email:

[professionalrisksclaims@brooklynunderwriting.com.au](mailto:professionalrisksclaims@brooklynunderwriting.com.au)

**PLEASE DO NOT ADMIT LIABILITY TO CLAIMANT (party making allegations or claiming against you)**

At Brooklyn we believe that when a new claim is reported it presents a once-only opportunity to control the direction of the claim. By taking the trouble to gather quality information at the outset you will help reduce the life of the claim, reduce the cost of the claim and will more often guarantee achievement towards the desired outcome of the claim.

Try to answer all questions fully, using additional sheets if necessary. Please also attach copies of relevant documentation, including any written communication.

This form must be completed by a Partner/Director/Principal of the Insured.

**1. Full name and address of the insured**

**Policy Number:** \_\_\_\_\_

**Policy Inception Date:** \_\_\_\_\_

**Policy Expiry Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone (alternate):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

**Registered for GST? Y/N**                      **Yes**                      **No**                      **If yes, what %? (eg. 100%, 50%)** \_\_\_\_\_

**2. Full name and address of the Claimant (party claiming against the Insured) or possible Claimant.**

\_\_\_\_\_

**3. When did the Insured perform the service out of which the claim arises or may arise?**

\_\_\_\_\_

a. What was the Insured retained (contracted) to do?

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b. Was the Insured's retainer (contract of/for services) evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

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4. Please provide the name of the person who actually performed the work or against whom the claim or possible claim is principally directed.

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5. On what date did the Insured first become aware of the matter complained of or the circumstance that may give rise to a claim?

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6. On what date was the allegation of negligence or the intimation of a claim (by the Claimant) first made against the Insured?

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7. Was the first intimation in writing? Yes                  No

Was the first intimation verbal? Yes                  No  
if yes, please provide first person account.

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8. What (if any) is the amount claimed?

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9. Please provide a narrative of the facts and circumstances

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10. Are there additional details which you wish to advise, or which may be of interest to Insurers or provide them with a better understanding of this matter? If so, please provide details (along with supporting documentation).

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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 acknowledge that the Insurer(s) may make its/their decision on indemnity having regard to these answers.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Privacy Collection Statement

We are committed to safeguarding and protecting your privacy. We are bound by the provisions of the Privacy Act 1988 (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to enable us to quote on and insure your risks and matters incidental thereto, including investigating, processing and managing claims.

We may provide your personal information to others, such as our related bodies corporate, other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. Some of these recipients may be outside of Australia, such as to Europe, the United Kingdom, India, Poland and the United States. Any disclosure outside Australia will be in compliance with the Privacy Act. We will not under any circumstances trade, rent or sell your information.

If you do not provide us with complete, accurate and up-to-date information, we cannot properly assess or manage your claim.

If you provide us with personal information about anyone else, we will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

If you wish to access or correct your personal information, or wish to raise any concerns as to how we handle your personal information, please write to:

**The Privacy Officer**  
**Brooklyn Underwriting**  
**Level 28, Angel Place**  
**123 Pitt Street**  
**Sydney NSW 2000**  
**E: [privacyaustralia@axaxl.com](mailto:privacyaustralia@axaxl.com)**

For further details on how we manage your information, please see our Privacy Policy on our website: <http://www.brooklynunderwriting.com.au>.

Brooklyn Underwriting is part of AXA XL, a division of AXA. If you require further information about how we deal with your personal information under European Economic Area (EEA) data protection laws, please refer to the AXA XL European Privacy Notice at <https://axaxl.com/privacy-notice> or contact the Privacy Officer using the contact details above.

## Declaration

I have read and understood this Privacy and Consent Statement and consent to the collection, use and disclosure of my personal information by Brooklyn to those persons/organisations as stated above, in order that my claim can be processed.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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trading as Brooklyn Underwriting  
ABN: 36 083 570 441  
Level 28, 123 Pitt Street  
Sydney NSW 2000

**BROOKLYN**   
**UNDERWRITING**