

Notification of claim or circumstance that may give rise to a claim

Professional indemnity

Please answer all questions fully using additional sheets if necessary, and enclose copies of all relevant documentation.

Please do not include any statement that could be construed as an admission of liability.

Please email, fax or mail the completed form to:

Email: lodgeclaim@vero.com.au

Facsimile: 1300 066 150

Mail: Vero Insurance Limited

Liability and Profin Notification Centre

IPC 2CI288, GPO Box 346, Sydney NSW 2001

Phone: 1300 888 073, 8.00 – 8.00 pm EST

Details of the insured

Full name and address of insured

	State	Postcode
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Contact person

Policy/certificate No.

Telephone number

Facsimile Number

We also require the following information relating to the Insured's taxation status. If we are not advised it will be assumed that the Insured is unregistered and hence, upon settlement, the Insured may become liable to the ATO for 1/11th of the amount paid by Vero Insurance Ltd. This liability is NOT insured by Vero Insurance Limited.

Is the insured registered for GST purposes?

Yes No

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What is the insured's ABN?

If the insured is registered for GST and has an ABN:

(a) Is the insured entitled to claim an ITC on the GST applicable to this policy?

Yes No

(b) If yes, and the amount of the ITC is less than 100% of the GST applicable to the premium, please advise the percentage:

 %

