

Sports Underwriting Australia

Professional Indemnity Claim Form

Sports Underwriting Australia Claims Department

E: commercialclaims@aig.com

Ph: 1300 761 195

Post: AIG Australia, GPO Box 4363,
Melbourne, Vic, 3001

IMPORTANT NOTICES

Your Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984 [Act]. Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

Dispute Resolution Process

If you are not satisfied with our service please tell us so we can help. We will address complaints in accordance with AIG Australia Limited's Complaints Handling Process and the Insurance Council of Australia's Code of Practice. If you have a complaint:

Step 1: Contact us

You can contact us by:

Postal Address: PO Box 288, Kew East Victoria, Australia 3102

Tel: +61 3 8862 2600

Email: info@sportsunderwriting.com.au

If we require additional information we will contact you to discuss. If your complaint is not immediately resolved we will respond within 15 business days of receipt of your complaint or agree on a reasonable alternative timetable with you.

Step 2; AIG Complaints Process

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you can register a complaint with us by telephoning us on 1800 339 669, lodging your complaint on our website, or by writing to:

The Compliance Manager
AIG Australia Limited
Level 12, 717 Bourke Street
Docklands VIC 3008

As soon as we receive your complaint we will take all possible steps to resolve it. You will receive a written response to your complaint within 15 working days, unless we agree a longer timeframe with you.

What should you do if you are not happy with our response to your complaint?

If you are not satisfied with our response to your complaint, you may wish to have the matter reviewed by our Internal Dispute Resolution Committee ("Committee"). The Committee is comprised of Senior Management of the company who have the experience and authority to decide on matters brought to the Committee.

If you wish to have your complaint reviewed by this Committee please telephone or write to the person who has signed the response letter to your complaint and provide them with detailed reasons for requesting the review. This information will greatly assist the Committee in reviewing your claim or enquiry. Your complaint will then be treated as a dispute. You may also make a request for a review by the Committee by contacting:

The Chairperson IDRC
AIG Australia Limited
Level 12, 717 Bourke Street
Docklands VIC 3008

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to you within 15 working days of the date you advise us you wish to take your complaint to IDRC.

If we are unable to provide a written response setting out the final decision we will keep you informed of progress at least every 10 days.

If you are not satisfied with the finding of the Committee, or if we have been unable to resolve your complaint within 45 calendar days, you may be able to take your matter to an independent dispute resolution body, the Financial Ombudsman Service ("FOS"). This external dispute resolution body can make decisions with which AIG are obliged to comply. Contact details are:

Financial Ombudsman Service
GPO Box 3
Melbourne, VIC 3001
Tel: 1300 78 08 08 (local call fee applies)
Email: info@fos.org.au Internet: <http://www.fos.org.au>

You should note that use of the FOS scheme does not preclude you from subsequently exercising any legal rights, which you may have if you are still unhappy with the outcome. Before doing so however, we strongly recommend that you obtain independent legal advice.

If your complaint does not fall within the Financial Ombudsman Service's terms of reference, we will advise you to seek independent legal advice or give you information about any other external dispute resolution options (if any) that may be available to you.

Privacy Statements

Sports Underwriting Privacy Notice

In this Privacy section "we", "us" or "our" means Sports Underwriting Australia, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any claim that You make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the SUA Privacy Policy and Privacy Statement at www.sportsunderwriting.com.au/documents.html.

AIG Australia ("AIG") Privacy notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, and maintain and improve customer service. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Taxation Information

The amount of cover available under this Policy excludes Goods and Services Tax (GST).

If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay.

The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the Premium.

If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Section 1

Policy Information

Name _____

Business or Trading Name _____

Policy Number _____

Address details _____

Occupation _____

Contact Name _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Fax: _____ E-mail: _____

Are you registered for GST? Yes No

What is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy? Yes No

Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? Yes No

Specify the percentage amount claimed or intended to be claimed _____ %

Section 2

Claim/Incident Details

Date when services rendered, out of which a Claim has been/might be made against the Insured ____/____/____

Date when the Insured:

a) First became aware that there existed a set of circumstances which may result in a Claim being made ____/____/____

b) First received a notice of intention of any party to make a Claim ____/____/____

Your opinion of possible rectification costs OR potential amount of possible claim Approx \$ _____

Brief description of service provided. If your contract/retainer was in writing please provide a copy.

Allegations made/anticipated against Insured

Have you admitted responsibility/liability for the claim/incident? Yes No

Does the claim involve a product that you manufactured or supplied to another person? Yes No

If Yes provide details

Section 3**Details of party or parties making claim against you**

Name _____

Address details _____

Business Ph: _____ Mobile: _____

Solicitor's Name _____

Section 4**Witnesses**

Name – witness one _____

Address details _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Relationship (e.g. employee, family, friend, previously known) _____

Name – witness two _____

Address details _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Relationship (e.g. employee, family, friend, previously known) _____

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to AIG and Sports Underwriting Australia collecting, using and disclosing personal information as set out in the privacy notices found in this form. If I have provided or will provide information to AIG or Sports Underwriting Australia about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG or Sports Underwriting Australia and also to give this consent on both my and their behalf.

I consent to the disclosure of sensitive information to third parties in order to process my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my insurance claim. I understand that if this consent is not given AIG and Sports Underwriting will not be able to process this insurance claim.

Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature: _____

Date: ____/____/____

Please indicate the number of additional pages attached to this claim form: