## Barrister's Professional Indemnity Insurance Notification of claim or circumstance that may give rise to a claim

## Instructions for completing this Form Please answer all questions fully using additional sheets if necessary, and enclose copies of all relevant documentation. Mail or email the completed form to: Liability & Professional Risks Claims Notification Centre IPC 2CI216 10 Shelley Street Sydney NSW 2000 Telephone: 02 8121 1366 Mon to Fri 8:30am to 5.00pm AEST Facsimile: 1300 066 150 Email: sunprorisk@suncorp.com.au **Details of Insured** Barrister's name Policy number Telephone Number Mobile We also require the following information relating to your taxation status. If we are not advised it will be assumed that you are unregistered and hence, upon settlement, you may become liable to the ATO for 1/11th of the amount paid by Suncorp. This liability is NOT insured by Suncorp. Are you registered for GST purposes? ☐ No If yes, please provide the details below. If not, skip to question 1. a. What is your ABN? b. Are you entitled to claim an ITC on the GST applicable to this policy? Yes No c. If the amount of the ITC is less than 100% of the GST applicable to the premium, please advise the percentage: % Details of Insured's contract or retainer 1. Was your contract/retainer for services evidenced in writing? Yes No If Yes, please attach a copy. If No, please provide details: 2. When did you perform the work out of which the claim arises or may arise? Details of the claim or circumstances 3. Please provide the full name and, if known, address of the Claimant or potential Claimant: State Postcode 4. Please detail the nature of the claim or circumstance that may give rise to a claim:



5.	On what date did you first become aware of such claim or circumstance?		
6.	Was the first intimation of a claim in writing?  If Yes, please attach a copy.	Yes	No
	If No, please give a "first person" account:		
7.	What amount, if any, is claimed? \$		
Α	dditional information		
0.	Please provide any additional background information that may assist in our understanding of this matter:		
	dditional information		
	We hereby declare that the foregoing statements are true and correct:		
	gnature of Barrister  ate:  DD/MM/YYYY		