

Management Liability Insurance Claim Form

Please complete this form and email it to claims@hutchunderwriting.com.au

Alternatively, please complete our [Online PI/ML Claim Form](#) and submit it directly into our system for faster processing.

Policy Holder Details

Insured Name

Type of Business

Contact Name

Job Title

Phone Number(s)

Email



The Clear Way to Better Cover

W: hutchunderwriting.com.au/claims T: [1300 256 056](tel:1300256056) Extn 2 Business Hours (AEST)

Hutch Underwriting Pty Ltd ABN 846 552 56 134, L6, Macquarie Place, Sydney, NSW, 2000.

Hutch is an Authorised Representative (number 001296345) of CoverRadar Group Pty Ltd, ABN 146 412 25 809, AFS Licence number 523647, of L6, 7-15 Macquarie Place, Sydney, NSW 2000.

Policy Details

Insured Address

Policy Number

HML

Policy Year / Period

GST / ABN

If registered for GST, please provide your ABN and Input Tax Credit percentage

Broker Details

Broker Email

Broker Phone Number

Reported by

Reporting Person Category

Broker; Insured; Principal; Subcontractor; Other

Name

Phone Number(s)

Email



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Contract & incident/loss details

What was Insured retained/contracted to do?

Was there a contract in place?

If no contract was in place:

please provide details of what the Insured was retained to do/performed and the basis on which it was retained.

When did the Insured perform the work out of which the claim arises?

Who from the Insured performed the work?

What are the circumstances that would give rise to a claim?

When did the Insured first become aware of these circumstances?



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Claim Details

Is this incident reported for notification purposes only?

Details of and basis of claim or potential claim against the Insured

Date Insured first became aware that a claim might be made against it

Has a verbal or written demand for monetary compensation been received by the Insured?

Date written demand received

Has any summons or other court process been served on the Insured?

If yes, what date was the summons/court process served?

If a verbal claim was made:

Provide details including details of discussions, by whom and dates of same? Is any written demand or notice of claim anticipated following the verbal claim?



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Provide amount claimed (if known)

If applicable, provide a breakdown of the components of the total amount.

Provide a summary of the claim

Has the Insured appointed a lawyer or loss adjuster or other service provider or expert to act on their behalf or provide expert opinions?

If yes, provide details of same including any reports



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Is any other party responsible for the incident or loss?

If yes, provide details

Any actions take to mitigate, reduce or recover loss?

If so, provide details



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Insured's Investigation

Has the Insured conducted an investigation into the incident?

What are the Insured's views/comments on liability?

What are the Insured's views/comments on the amount claimed?

Provide any other details you wish to notify to Hutch

Other Insurance

Is there any other insurance applicable to the notification?

If yes, provide details of same



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Police / Other Authority Details

Reported to Police?

If yes,

Provide police incident no, date reported and station reported to

Reported to any other Authority?

If yes:

Provide details of same, including to whom reported, date reported and any action taken by the Authority in response



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Contacts

Contact Type

Name

Phone Number(s)

Email

Preferred contact method

Bank Account details

Account name

For any settlement / payment.

BSB Number

Account Number



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Attachments

Any relevant contract

Any relevant subcontracts

Any written demand or summons

Any correspondence (by the Insured, Claimant or others) relating to demands

Any reports

Any investigation findings/reports

Report of Police or any other Authority

Any other relevant documents

Itemise your list of attachments



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Additional information

If you have any other information, or your information does not fit with the field space allocated please provide it here.



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