



**Claim Form**  
**For PI, GL, and IT risks**

**Your Details**

Your Full Name: .....

Your Contact Email: .....

Your Phone Number: .....

**Insured Details**

Name of Insured: .....

Name of Insured's Contact Person(s): .....

Primary Contact Email: .....

Primary Contact Phone: .....

Name of Claimant/ Potential Claimant: .....

Claimant Email: .....

Claimant's Solicitor and Contact: .....

Policy Number: .....

**Tell Us What Happened**

Date of Loss: ...../...../.....

Date of Claim Made: ...../...../.....

How many people performed work? .....

Name(s) of the people who performed work:  
.....  
.....  
.....

Are the person(s) an employee or sub-contractor?

.....  
.....

What was the work performed giving rise to the claim or circumstance that might give rise to a claim?

.....  
.....  
.....

Date Work Performed:

...../...../.....

Have you ever received a letter from the claimant or a solicitor regarding this claim?

.....

Has there been a request for compensation? If so, please attach all relevant documentation.

Please provide the date upon which you received these claim documents:

...../...../.....

### Incident Specifics

Date of Specific Incident(s):

...../...../.....

Were there any witnesses to the incident? If so, please provide their details:

.....  
.....

Please provide the date upon which you first became aware of the claim or circumstance:

...../...../.....

What is the precise nature of the claim (ie. the claimant's allegation) or the fact or circumstance that might give rise to a claim?

.....  
.....  
.....  
.....

Please ensure to attach any and all relevant documents, photos or emails.

By submitting this claim form, I declare that to the best of my knowledge no relevant information was withheld, and the information provided is true and correct.

I consent to Woodina Law using any personal information I have provided on this form for the purposes of processing my claim.