

12. If no written demand has been received, please provide details of anticipated allegations of Defamation

13. Your opinion of possible damages OR potential amount of possible Claim

Approx. \$

Declaration

I declare that I am the person completing and executing this form and am authorised by the insured/policyholder to do so and that to the best of my knowledge and belief the information supplied by me herein is true and correct and I have not withheld any relevant information.

I agree that, by submitting this form, the personal information I provide to Pacific Indemnity in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Pacific Indemnity Privacy Policy found at <http://www.pacificindemnity.com.au/privacy-policy>, including for processing this claim.

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

Date

D | D / M | M / Y | Y

On completion of this form, please print and sign.

When ready, please return the form to Pacific Indemnity Claims via mail or e-mail.

Pacific Indemnity Underwriting Solutions Pty Ltd

PO Box 2 Collins Street West, Melbourne 8007

Email claims@pacificindemnity.com.au

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