

## **MULTI-MEDIA LIABILITY**

## NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

Please do not include any statement or comment on this form which could be construed as an admission of fault. Please attach any supplementary information and relevant correspondence.

Insured's details	
1. Name(s) of the Insured	
2. Insured's address	
3. Contact name	Postcode  Business telephone no.
<b>4.</b> Email address	
5. Policy number	Period of insurance  From DD / MM / Y Y to DD / MM / Y Y
<b>6.</b> Are you registered for GST purposes?	
No Yes What is your ABN?	
•	10/ of the CCT asid on your incompany marriage?
7. a. Are you entitled to an Input Tax Credit on 100	% of the GST paid on your insurance premium? No Yes
<b>b.</b> Is your entitlement 100%? No	Yes Please specify your percentage entitlement %
Claim details	
	f which a Claim has been/might be made against the Insured
9. Date when the Insured:	
<b>a.</b> first became aware that there existed a set of	circumstances which may result in a Claim being made
<b>b.</b> first received a notice of intention of any part	ry to make a Claim
<b>10.</b> Have you received a demand for compensation?	
No Go to Q11.	
Yes Was it a written demand? No	Go to Q11.
Yes	Please attach copy of the demand and go to Q11
11. Name of claimant/possible claimant	Name of publisher
Name of author	Name of printer
To whom published	Insured medium

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

DD/MM/YY

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

MML CLM PIUS 0817

Insurer Insurance Australia Limited ABN 11 000 016 722 AFSL 227681

