

Employment Practices Liability Claim Form

Claim Form or Notification of a circumstance that could give rise to a claim.

IMPORTANT NOTICE TO POLICY HOLDER.

It is important that the policy holder complete the questions within this claim form and attach all documentation that is relevant to this matter.

Please do not make any admissions of liability without seeking the prior written approval of Ansvar Insurance Limited. Please also note that if you have appointed your own solicitors before notifying Ansvar of this matter, your legal costs may not be entirely recoverable under your policy.

Name of Policy Holder:	Policy Number:	Registered Business Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tick this box if your registered business name is the same as the policy holder's name: <input type="checkbox"/>		Australian Company Number (ACN) if applicable: <input type="text"/>
Are you registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please provide your ABN Number: <input type="text"/>
If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the amount claimed less than 100% of the GST applicable to the premium? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify the percentage amount claimed? <input type="text"/> %		
Your Registered Address:	State / Post Code:	Telephone (Main): Telephone (Fax):
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details of persons notifying us of this claim:

Contact Name:	Title/ Occupation:
<input type="text"/>	<input type="text"/>
Telephone (Direct Line):	Telephone (Mobile): Email:
<input type="text"/>	<input type="text"/>

Your Broker's contact details:

Name of Broker:	Contact Person:	Email Address:	Telephone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee's details:

Name of Employee:	Title/Position:
<input type="text"/>	<input type="text"/>
Date that the employee commenced employment with you:	Date that employment ceased:
<input type="text"/>	<input type="text"/>
Does the employee have a written and signed contract of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please enclose a copy. If NO, please provide details about the terms of their employment:
<input type="text"/>	<input type="text"/>
Is this employee covered by an enterprise bargaining agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide details of this agreement:
<input type="text"/>	<input type="text"/>
Is this employee covered by a particular award?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide details of this award:
<input type="text"/>	<input type="text"/>

Details of the Dispute

Briefly describe the nature of the dispute and attach any relevant documents.

On what date did the first incident that gives rise to the employee's claim occur?
For example, what was the date that the employee first made a complaint?

Has the employee's employment been terminated? Yes No If YES, please provide the date of termination

On what date did the employee make a demand for compensation against you?

What is the total amount of compensation that is being sought by the employee?

Have you made any offers in relation to this dispute? Yes No If YES, what is the total amount of your offer?

On what basis has your offer been calculated?

Have you appointed your own solicitors? Yes No If YES, please provide their contact details and attach copies of any written advice that you have received:

What is the total amount of legal fees that you have incurred?

Has the employee commenced proceedings against you in a Court or Tribunal?

Yes No

If YES, what is the name of the Court or Tribunal?

Please also provide the case number:

Please attach all documents received from the Court of Tribunal.

Any other relevant comments?

Declaration

I declare that to the best of my knowledge the information provided in this form is true and correct and I have not withheld any relevant information.

Signature

Date

Name

Document Checklist

1. Letter of appointment or contract of employment? Please also include a position description.
2. Any applicable letters of offer or other changes in positions.
3. Applicable Certified Agreements or Moderns Award.
4. Applicable policies and procedures for Human Resources.
5. All relevant correspondence, including file notes of meetings with employee.
6. Copies of any previous legal advice, if sought prior to making this notification/claim.

Contact Us.

Liability Claims Team:

Ansvar Insurance Limited
Level 5, 1 Southbank Boulevard, Southbank
Melbourne VIC 3006
Ph: 1300 650 540

All correspondence:

GPO Box 1655
Melbourne VIC 3001
Email: liabilityclaims@ansvar.com.au

Privacy Act

The **Privacy Act** sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information. You may access your personal information by contacting the Liability Claims Team on (03) 8630 3122 or liabilityclaims@ansvar.com.au.

The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you. At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice.

1300 650 540 www.ansvar.com.au

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