|  |
| --- |
| [**media, entertainment & arts alliance**](http://www.alliance.org.au/)**the people who inform and entertain** |

**Dance Public & Products Liability - Claim Form**

|  |  |
| --- | --- |
| **Insured**  | Media Entertainment & Arts Alliance Dance Members |
| **Policy Number** | 01CL01CL553550 |
| **Name of Member/Claimant** |  |
| **Financial Member Number** |  |
| **Address** |  |
| **Preferred Phone Details** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **BROKER NAME** | Vikki Karatovic, Senior Client Manager, Commercial Risk Solutions |
| **Telephone** | 0416 181 851 |
| **Email** | vikki.karatovic@aon.com |

|  |
| --- |
| **INSUREDS CONTRACT / RETAINER:**  |
| **By whom were you retained/with whom did you contract?**  |
|  |
| **What were you retained/contracted to do? If the retainer/contract was in writing, please provide a copy.**  |
|  |
| **When did you perform the work from which the Claim has arisen or has the potential to arise?**   **/**  **/** |

|  |
| --- |
| **CLAIM DETAILS:** |
| **What has been claimed against you or what fact or circumstance has the potential to give rise to a Claim?** |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **When were you first aware of the Claim or the fact or circumstance?**  **/ /** |
| **When was the Claim first made against you?**  **/ /** |
| **Was the Claim in writing? Yes ⬜ No ⬜ If Yes, please provide a copy** |
| **Was the Claim made verbally? Yes ⬜ No ⬜ If Yes, please provide details below** |
|  |
|  |
| **What is the estimated quantum of the Claim, or the potential Claim? $** |

|  |
| --- |
| **INSURED COMMENTS:**  |
| **Do you have further information concerning this matter which may be of interest to Insurers?** **(If so, please provide details below)**  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **IN RESPECT OF PERSONAL INJURY OR PROPERTY DAMAGE** |
| When did the alleged accident occur? / / |
| **Please provide a brief description of the alleged accident** |
|  |
|  |
|  |
|  |
| **Please provide a brief description of the injuries or property damage** |
|  |
|  |
|  |
|  |
| **Please provide the names and contact details of any witnesses to the alleged accident.** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Name of MEAA Membership Team Member authenticating financial membership of claimant prior to lodgement of claim** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Financial Member Verification Signature** |  |
| **Financial Member Verification Name** |  |
| **Date** |  |