

Clinical Trials Protection

Claim Form

Members of Unimutual should complete this form to:

- apply for protection under the Clinical Trials Protection in respect of a claim that has been made against you or
- notify an occurrence or a fact or circumstance that might result in such a claim.

Please complete all sections as fully as possible and attach additional pages if necessary, together with copies of all relevant documents.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to: **claims@unimutual.com.au**

A. Key Details

1. Member Name

Contact Person

Email

Telephone

2. Member Reference Number

Unimutual Claim Number

3. Affiliate Name (if applicable)

B. Details of Claimant

4. Full Name of Claimant or potential Claimant (i.e. the party who has made or may make a claim against you)

5. Address of the claimant

Postcode

C. Details of the Clinical Trial

6. Name of the Clinical Trial?

7. Purpose of the Clinical Trial

8. Date and details of Ethics Committee Approval?

9. Commencement Date

D. Details of Claim, Occurrence, Fact or Circumstance

10. What is the precise nature of the claim (i.e. the Claimant's allegations) or the occurrence or the fact or circumstance that might result in a claim?

11. On what date did you first become aware of the claim or the occurrence or the fact or circumstance?

12. On what date was the claim or the intimation of a claim first made against you?

13. Was the first intimation of a claim verbal or in writing? (if in writing please attach a copy)

14. What amount is claimed?

E. Details of Member's Response

15. What are your comments on the claim or the occurrence or the fact or circumstance?

16. Are there additional details you wish to provide so that Unimutual will have a better understanding of this matter? If so, please provide details along with supporting documentation

F. Declaration

I, Full Name

Position

of the Member and on behalf of the Member declare the above answers to be true and correct and acknowledge that Unimutual may make its decision to exercise discretion to grant protection having regard to these answers.

Signature

Date

Please indicate the number of additional pages attached to this Claim form

When complete, please save a copy of the form and email to: claims@unimutual.com.au