



PROFESSIONAL INDEMNITY CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)
CLAIMS HOTLINE – 0501447071 / 0501447063

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

SECTION 1: DETAILS OF THE INSURED

- (a) Full Name of the Insured: _____
- (b) Address of the Insured: _____
- (c) Telephone No: _____
- (d) Contact Person: _____
- (e) Telephone No: _____
- (f) Email (of contact person): _____

SECTION 2: POLICY DETAILS

- (a) Policy Number: _____
- (b) Policy Period: _____
- (c) Is there any other insurance that may be applicable to this notification? Yes [] No []
- (d) If YES, please provide the following details:
Policy Holder: _____ Insurer: _____



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Period of Insurance: _____ Type of Insurance: _____

(e) Has the matter been notified to that insurer? Yes [] No []

SECTION 3: DETAILS OF CLAIMANT

(a) Full Name of the Claimant or potential Claim (i.e. the party claiming against you or the firm/company) : _____

(b) Address of the Claimant : _____

SECTION 4: DETAILS OF THE INSURED'S RETAINER/CONTRACT

(a) What were you retained/contracted to do? _____

(b) Was your retainer/contract for services evidenced in writing? _____

If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms. _____

(c) When did you perform the work out of which the claim arises or may arise?

(d) Please provide the name of the person within the firm/company who actually performed the work or against whom the claim or potential claim is principally directed.



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(e) What is that person's title, duties and contact details?

SECTION 5: DETAILS OF THE CLAIM OR CIRCUMSTANCE

(a) What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?

(b) Was the claim or the intimation of a claim made in writing? Yes No

(c) Have you received a written demand? Yes No

If you answered YES, please attach a copy of this together with any correspondence relating to the written demand.

(e) Have proceedings been issued against you? Yes No

If you answered YES, please attach a copy of the court documents together with any correspondence relating to the written demand.

(d) Was the claim or the intimation of a claim made verbally? Yes No

If you answered YES, please provide details of any conversations, when they occurred and whom they were between:



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(e) On what date did you first become aware of the claim or the fact or circumstance which may give rise to a claim?

(f) What is the amount claimed against (if known)? _____

SECTION 6: DETAILS OF THE INSURED'S RESPONSE

(a) What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

(b) Are there any other parties which may have contributed to the claim and what is your estimate of your potential monetary liability, if any,

(c) What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?



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(d) Are there any additional details about which you wish to advise, or which may be of interest to the Insurer, so that the Insurer will have a better understanding of this matter?
Yes No

If you answered YES, please provide details along with supporting documents:

(e) Have you obtained legal representation to act on your behalf? Yes No

If you answered YES, please provide details of their name, firm, address:

SECTION 7: DECLARATION

I/We _____ Position: _____
of the insured and on behalf of the insured declare the above answers to be true and correct and acknowledge that the insurer may make its decision on indemnity having regard to these answers.

Signature: _____ Date : _____