Claim Form
Professional Indemnity Insurance

Policy No.:	
Proposal No.:	
Intermediary:	

A. DETAILS OF THE INSURED

Policy No.	
Policyholder/Insured's Full Name	

Email		Mobile No.	

Correspondence Address	
	Postcode

B. DETAILS OF CLAIM / circumstance that is likely to give rise to a claim

Please provide the contract/terms of engagement with your client, in addition to a brief summary of what is being or is likely to be alleged against you

Have you received a letter of complaint/claim? If so, please provide details and attach the letter ☐ YES ☐ NO

If not, have you been advised a claim will be made against you? If so, please provide details, including when you first became aware and if made in writing please attach any relevant documentation ☐ YES ☐ NO

Do you think that you may be open to criticism? Please give brief reasons for your answer ☐ YES ☐ NO

Do you think anyone else caused or contributed to this claim? If so, please provide details	☐ YES	☐ NO

What, if anything, have you said to your client or anyone else about the claim or the problem that has arisen?	☐ YES	☐ NO

Have you taken any action yet to resolve the problem? If so, provide details	☐ YES	☐ NO

C. CLAIMANT'S DETAILS

Full Name	
Email	Mobile No.
Correspondence Address	

D. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured: Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)