

PROFESSIONAL INDEMNITY CLAIM FORM

CLAIM FORM GUIDE

This form is for you to complete should you be aware of any claim that may be made against you or of a circumstance which may lead to a claim being made against you. The form asks you to provide details of the work that you undertook, details of any potential claimant and any allegations that may be made against you. To assist us in handling your claim promptly and efficiently please make sure you provide us with as much information as possible.

As part of the claims service, we will assist you with correspondence with the claimant and their representatives. It is therefore very important that we give prior approval before any correspondence is sent to the claimant or any other third party.

YOUR DETAILS

1) Policy number	<input type="text"/>
2) Name of firm/company/partnership/individual	<input type="text"/>
3) Contact partner/director and reference	<input type="text"/>
4) Address	<input type="text"/>
5) Telephone and Fax	<input type="text"/>
6) Email	<input type="text"/>

CLAIMANT DETAILS

7) Name of claimant/potential claimant	<input type="text"/>
8) Address contact details of claimant/potential claimant	<input type="text"/>
9) Name, address and reference of claimant's solicitors or representatives	<input type="text"/>
10) Are there any other parties involved in relation to this claim/circumstance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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If "yes", please identify and give details of their role:

CURRENT STATUS OF CIRCUMSTANCE/CLAIM

11) Please give full details below of the claim/circumstance, attaching any relevant correspondence.

12) Has a written response been sent to the claimant or their representative?

Yes No

If "yes", please attach a copy. If the response was verbal then please summarise any relevant discussion(s).

If your proposed response has not yet been sent to the claimant/potential claimant, please attach a copy of your draft proposed response for approval. We can assist you with drafting the document if necessary.

13) Is any urgent action required (e.g. to reduce/avoid losses, to adhere to any contractual deadlines or to deal with court proceedings)?

Yes No

If "yes", then please provide details provide details in the box below

CLAIM/CIRUMSTANCE DETAILS

14) To enable us to understand the background of the claim/circumstance please summarise your role/involvement with the claimant and attach any documentation which is relevant to the project and/or allegations made.

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15) What are your views on the allegations made? Do you think you, or any third party, may be liable?

16) Please give your best current estimate of the value of the claim/potential claim.

OTHER INFORMATION

17) Date on which you became aware of a circumstance which may give rise to a claim.

18) Date claim was actually made or intimated against you.

19) Date of the alleged negligent act/omission (i.e. when did the alleged mistake/error happen).

ANY OTHER ADDITIONAL DOCUMENTATION

20) Please attach copies and/or set out any of the relevant documentation we will require to enable us to assess this claim/circumstance.

CONFIRMATION

Signed by a partner/director

Print name

Date

Please return to:
Claims Department
Cavendish Munro Professional Risks
1st Floor
International House
1 St Katharine's Way
London
E1W 1UN