

PROFESSIONAL INDEMNITY INSURANCE

CLAIM FORM

PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM

Important Notice:

Please read the Claim Form fully prior to answering the questions.

The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured.

The Claim Form should be used to notify any matter or circumstance which may give rise to a claim.

All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Unit Manager
Professional Liability Division
Camberford Law Plc
Lygon House
50 London Road
Bromley BR1 3RA

A. Details of Insured
1. Full Name of the Insured:
Address of the Insured:
Postcode:
Policy Number/Certificate (if known):
Contact Person:
Telephone:
Email:

B. Details of Claimant

2(a) Full Name of Claimant or potential Claimant (ie. the party claiming against you or the firm/company):

(b) Address of Claimant:

Postcode:

C. Details of Insured's Contract with Claimant

3(a) What were you contracted to do?:

(b) Was your contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars:

4. When did you provide the work out of which the claim arises or may arise?:

5. 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

D. Details of Claim or Circumstance

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

7. On what date did you first become aware of the claim or of such fact or circumstance?:

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

9(a) Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)

(b) If verbal, please give a "first person" account of the conversation

10. What amount, if any, is claimed?

E. Details of Insured's Response

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

E. Details of Insured's Response Contd/...

(b) 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?:

12. Are there additional details about which you wish to advise, or which may be of interest to the Insurer so that they have a better understanding of this matter? If so, please provide details along with supporting documentation.:

F. Declaration

I, (full name):

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:

HEAD OFFICE:

Lygon House
50 London Road
Bromley, Kent
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F 020 8460 2118

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