|  |
| --- |
| September 2016 | Professional Risks Claims |

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

|  |  |
| --- | --- |
| **Policy Number:** |  |
| **Name of ﬁrm/company/partnership/individual:** |  |
| **Contact partner/director and reference:** |  |
| **Address:** |  |
| **Telephone and fax:** |  |
| **Email:** |  |

## Claimant Details

|  |  |
| --- | --- |
| **Name of Claimant/potential Claimant:** | : |
| **Address contact details of Claimant/potential Claimant:** |  |
| **Name, address and reference of Claimant’s solicitors or representatives:** |  |
| **Are there any other parties involved in relation to this claim/circumstance?** | Yes / No |
| If YES, please identify and give details of their role: |

## Current status of circumstance/claim

|  |  |
| --- | --- |
| **Please give full details of the claim/circumstance and background to the matter** | (Use a separate page, if necessary) |
| **Has any correspondence 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. Please note that we require prior approval before any correspondence is sent.** |
| **Is any urgent action required (e.g. to reduce/avoid losses, or adhere to any deadlines or to deal with any proceedings)?** | Yes / No |
|  | If YES, please provide details |

## Claim / circumstance details

|  |  |
| --- | --- |
| **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 (e.g. contract)** |  |
| **What are your views on the allegations made? Do you think you - or any third party - may be liable?** |  |
| **Please give your best current estimate of the value of the claim/potential claim** |  |

## Other information

|  |  |
| --- | --- |
| **Date on which you became aware of a circumstance which may give rise to a claim** |  |
| **Date claim was actually made or intimated against you** |  |
| **Date of the alleged negligent act/omission (i.e. when did the alleged mistake/error happen)** |  |

## Any other additional documentation

|  |
| --- |
| **Please attach copies and/or set out any of the relevant documentation we will require to enable us to assess this claim/ circumstance** |

## Confirmation

|  |  |  |
| --- | --- | --- |
| **Signature** |  | **Date** |
|  |  |  |
| **Name** |  | **Position** |