**Professional Indemnity Claim Report Form**

***In the event of a claim or incident, please notify your insurance broker.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insured | | | | | | | | | | | | | | | | | | | | | | |
| Policy Number |  | | | | | | | | | | | Name of Insured | | | | | |  | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Name |  | | | | | | | | | | | | | | | | | | | | | |
| Phone number |  | | | | | | | | | | | Email Address | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Claimant/Potential Clamant | | | | | | | | | | | | | | | | | | | | | | |
| Claimant or Potential Claimant’s Name | | | |  | | | | | | | | | | | | | | | | | | |
| Contact Name |  | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |
| Claimant’s Representatives Name  3.1 Name | |  | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |
| Phone number |  | | | | | | | | | | | Email Address | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Communication of Complaint | | | | | | | | | | | | | | | | | | | | | | |
| Have you received any of the following. If so, please provide a copy of the relevant communication and/or attendance notes. | | | | | | | | | | | | | | | | | | | | | | |
| Verbal communication of complaint? | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Letter of Complaint? | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Letter of Claim under the Professional Negligence Pre-Action Protocol correspondence form? | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| Claim Form? | | | | | | | | | | | | | | | | | | | | | | YES / NO |
| When did you first become aware of the circumstances leading to this notification | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Professional Obligations | | | | | | | | | | | | | | | | | | | | | | |
| Has the Claimant/potential Claimant been informed of the facts leading to this notification? If so, please indicate when and provide a copy of any letter/attendance note. | | | | | | | | |  | | | | | | | | | | | | | |
| Has the Claimant/potential Claimant been advised to take independent legal advice? If so, please indicate when and provide a copy of any letter/attendance note | | | | | | | | |  | | | | | | | | | | | | | |
| If applicable, please provide details of any other interested parties (e.g. Bank or Building Society) and confirm whether they have been notified of the facts | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Retainer | | | | | | | | | | | | | | | | | | | | | | |
| Did you enter into the retainer leading to this notification? | | | | | | | | | | | | | | | | | | | | | YES / NO | |
| If YES; | | | | | | | | | | | | | | | | | | | | | | |
| Please identify all the clients by whom you were retained | | | | | | | | | | | | | |  | | | | | | | | |
| What was the purpose of the retainer? | | | | | | | |  | | | | | | | | | | | | | | |
| Has the retainer been concluded? | | | | | |  | | | | | | | | | | | | | | | | |
| Have you retained your original or copy file? | | | | | | | | | | |  | | | | | | | | | | | |
| Has the file or a copy of it been sent to the Claimant or their representative? | | | | | | | | | | | | | | | | | | | |  | | |
| If not, has the file been requested? | | | | | | |  | | | | | | | | | | | | | | | |
| Have you been paid in full for your work? | | | | | | | | | | | | | | | | | | | | | YES / NO | |
| If YES; | | | | | | | | | | | | | | | | | | | |  | | |
| Do you intend to or have you exercised a lien over the file? | | | | | | | | | | | | | | |  | | | | | | | |
| Do you intend to or have you made a written demand or claim for your fees? | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Nature of Complaint | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of any allegations made, or shortcomings in your work leading to this notification | | | | | | | | | | | | | | | | | | | | | | |
| What was the date of the alleged act or omission? | | | | | | | | | |  | | | | | | | | | | | | |
| Name of company at this date if different from current name. | | | | | | | | | | | | |  | | | | | | | | | |
| Has any admission of liability been made? | | | | |  | | | | | | | | | | | | | | | | | |
| Do you consider any other parties to be at fault? | | | | | | | |  | | | | | | | | | | | | | | |
| Do you consider that liability is likely to be established? If so, why? | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Quantum | | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any information relevant to quantum and provide evidence in support (e.g,. likely heads of loss, estimate of compensation, etc.) | | | | | | | |  | | | | | | | | | | | | | | |
| Avoidance or Reduction of Loss | | | | | | | | | | | | | | | | | | | | | | |
| Is there any course of action available which may reduce the potential loss caused by the alleged negligence? | | | | | | | |  | | | | | | | | | | | | | | |
| Are there any time limits within which such action must be taken. If yes, please specify. | | | | | | | |  | | | | | | | | | | | | | | |
| What do you consider the prospects of success of such remedial action to be? | | | | | | | |  | | | | | | | | | | | | | | |
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| Completed by | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the information contained in this form is true and complete to the best of my knowledge.  (THIS FORM MUST BE SIGNED BY A DIRECTOR OR PRINCIPAL) | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | |  | | | | | | | | | | | | | | |
| Signature | | | | | | | |  | | | | | | | | Date |  | | | | | |

**Your insurance broker will need to pass the completed form onto Sutton Specialist Risks Ltd.**