**Professional Indemnity Claim Report Form**

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

|  |
| --- |
| 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 Name3.1 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? |  |
|  |
|  |
|  |
|  |
| 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.**