



PROFESSIONAL INDEMNITY CLAIM FORM

1. Please complete this claim form in BLOCK CAPITALS and send it to us.
2. The fields marked with an asterisk (*) are peremptory. Any incomplete form will be returned to you for completion of the peremptory fields.
3. Once we have received the completed and duly signed Claim Form, we will acknowledge receipt and provide you with a claim reference number. Kindly quote this claim reference number in all future correspondences to us.
4. Please note that the registration of a claim does not constitute an acknowledgement on the part of insurers that the claim has been accepted as a “valid” claim under the Policy and Insurers reserve the right to either accept or reject a claim or void the Policy according to the relevant terms and conditions applicable, once Insurers investigations into the matter are complete.
5. The information that is sought herein is merely a guideline to assist the Insured in formulating his claim and is not intended to be an exhaustive list. Insurers and/or its agents acting on its behalf accordingly reserves the right to request any further information deemed appropriate during the course of the investigation.

GENERAL INFORMATION	Insured's Name*	
	Insured contact person and contact details*	
	Broker*	LSG Insurance Services (Pty) Ltd
	Broker contact person and contact details*	Simon Griffiths: Tel +27 (21) 701-0840 Fax: +27 (21) 701-8078 Email: info@lsginsurance.co.za
	Policy name and number*	
	Applicable section of the Policy*	

1.1 Is there any other insurance that may be applicable to this notification? *
If yes, please provide the following details:

Yes [] No []

Policy Holder:	
Insurer:	
Type of Insurance:	
Period of Insurance:	

1.2 Claimant's Details:

Third Party – Name * (If more than one third party is involved, please provide details on a separate page)	
Contact Details * Email address:	
Nature of the relationship between the Insured and the Third Party	

1.3 Details of Insured's Contract:

What were you contracted to do? *
Was your contract for services reduced to writing? * If so, please attach a copy. If not, please provide sufficient details regarding the date of the contract and the terms agreed upon on a separate page.
When did you perform the work out of which the claim arises, or may arise?
Please provide the name of the person within the company who actually performed the work or against whom the claim or potential claim is directed at.
Were any sub-contractors involved in this incident? * Yes [] No [] If YES, please provide the details on a separate page and a copy of the contract.

2. Details of the Claim or Circumstance:

What is the precise nature of the claim (i.e. the Third Party's allegations) or the fact or circumstance that might give rise to a claim? *	
Was the claim or the intimation of a claim made in writing? *	Yes [] No []
Have you received a written demand (Letter/Summons /Notice etc)? *	Yes [] No []
If YES, please attach a copy of this together with any correspondence relating to the written demand.	
Have proceedings been instituted against you (Summons, Inquiry etc)? *	Yes [] No []
If YES, please attach a copy of the court documents together with any correspondence relating to the written demand.	
Was the claim or intimation of a claim made verbally? *	Yes [] No []
If YES, please provide a "first person" account of the conversations.	
On what date did you first become aware of the claim or the circumstance which may give rise to a claim? *	
What amount, if any, is claimed?	
If the third party is claiming other relief, please specify.	

3. Details of Insured's response:

What are your comments in response to the claim or the fact or circumstance that may give rise to a claim? *	
Are there any other parties which may have contributed to the claim, if any, to the Third Party? *	Yes [] No []
If YES, please provide details:	
What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Third Party? *	
Are there additional details about which you wish to advise, so that Insurers will have a better understanding of this matter?	

4. Your information:

We need personal information about you to assess your claim. This means that Insurers may have to give some of your details to our service providers (loss adjusters, attorneys, investigators etc) involved in providing the insurance cover. Where relevant and in order to assess your claim, we will also disclose personal information, including sensitive information about you to other insurers, reinsurers, legal representatives and other consultants. By signing this Claim Form, you consent to those organisations and professionals collecting and us disclosing sensitive information about you for this purpose.

The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. We may also disclose personal information about you where we are required or permitted by law to do so.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Upon request, and in most cases, we will provide you access to the personal information we hold about you.

I/We declare that the information provided above is both true and correct and that no information relevant to this claim has been withheld.

I/We hereby undertake to provide the outstanding information and/or documents to Insurers and/or its agents as soon as possible.

I/We understand that failure or delay in providing information and supporting documentation may cause a delay in finalising the claim and may prejudice the defence or claim on the Policy.

I/We also undertake to furnish any further information and/or documents and/or correspondences relating to this claim to Insurers and/or its agents as and when it becomes available, and to keep Insurers and/or its agents updated as to any further developments herein as far as possible.

SIGNED ON BEHALF OF THE INSURED: _____

FULL NAMES (IN PRINT): _____

CAPACITY: _____

DATE: _____

CHECKED AND SIGNED ON BEHALF OF THE BROKER: _____

FULL NAMES (IN PRINT): _____

DATE: _____