



Professional Indemnity Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. Sacos does not admit liability by the issue of this form. It has been issued to assist the insured to notify a claim under a professional Indemnity policy.
4. The claim form must be completed and signed by a Partner, Director or Principal of the Insured.

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

2. CLAIMANT DETAILS

Name of claimant making the claim against you or the firm/company

Address of the claimant

Date of Notification of claim

Date of Occurrence

3. DETAILS OF THE INSURED'S RETAINER/CONTRACT

a. What were you retained/contracted to do?

b. Was your retainer/contract for services evidenced in writing? Yes No

If selected Yes, please attach a copy.

If Not, please provide appropriate particulars of the date of the retainer/contract and its terms.

c. When did you perform the work out of which the claim arises or may arise?

d. Please provide the name of the person within the firm/company who actually performed the work or against whom the claim is principally directed.

e. What is that person's title, duties and contact details?

Do you consider any other party responsible for the incident? Yes No

Please provide details of third party (applicable if "Yes" selected to previous question).

Name

Postal Address

Contact Number

4. DETAILS OF THE CLAIM OR CIRCUMSTANCE

a. What is the precise nature of the claim (the claimants allegations) or the fact or circumstances that might give rise to a claim?

b. Was the claim or the intimation of a claim made in writing? Yes No

c. Have you received a written demand? Yes No

If Yes selected, please attach a copy of this together with any correspondence relating to the written demand.

d. Have court proceedings been issued against you? Yes No

If Yes selected, please attach a copy of the court documents together with any correspondence relating to the written demand.

e. Was the claim or the intimation of a claim made verbally? Yes No

If Yes selected, please provide details of any conversations, when they occurred and whom they were between

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f. On what date did you first become aware of the claim or the fact or circumstances which may give rise to a claim?

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g. What is the amount claimed against (if known)?

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h. Do you hold any other insurance/s under which a claim for this incident may be made? Yes No

If Yes selected, please complete the following details

Type of Insurance (s)

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How much are you claiming?

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5. DETAILS OF THE INSURED'S RESPONSE

a. What are your comments in response to the claim or the fact or circumstances that may give rise to a claim?

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b. Are there any other parties which may have contributed to the claim and what is your estimate of your potential monetary liability, if any.

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c. 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?

d. Are there any additional details about which you wish to advise, or which may be of interest to the Insurer, so that the Insurer will have a better understanding of this matter? Yes No

If Yes selected, please provide details along with supporting documents

e. Have you obtained legal representation to act on your behalf? Yes No

If Yes selected, please provide details of their name, firm, address and contact number

I hereby declare that to the best of my knowledge and belief the statements and particulars contain herein are truthfully made and that I have not withheld any material fact concerning this claim.

Signature of Insured or his/her broker or legal representative

Date and Time

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LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT *(To be submitted to the Sacos office)*

- Duly filled and signed claim form
- Notice of intended prosecution/summary's
- Any written correspondences made regarding this claim.