

**PRIVILEGED: CREATED FOR THE PURPOSES
OF OBTAINING LEGAL ADVICE**

Architects Professional Indemnity Insurance

CLAIM NOTIFICATION FORM

For advice, or assistance with
this form please contact:-



contractsure

Contractsure Limited
9-13 Fenchurch Buildings
Fenchurch Street
London EC3M 5HR
Tel.: 020 7709 1366
Fax.: 020 7709 1367

Architects Professional Indemnity Insurance

CLAIM NOTIFICATION FORM

SECTION 1 – NOTIFICATION DETAILS

1. Name of Employee involved:

2. Name of supervising Partner / Director (if applicable):

3. Please advise the date you first became aware of or discovered this claim or circumstance:

4. Date of loss / incident if appropriate or different to above:

4a. If there has been any delay between the date of discovery or receipt of a circumstance / claim and this notification, please provide a brief explanation why:

5. Have you received a written or verbal complaint? **YES/NO**

If a complaint has been received please answer the questions in Section 2 and then go to Section 4.

If you are notifying a circumstance please answer the questions in Section 3 and then continue from Section 4.

SECTION 2 – CLAIM DETAILS

1. Please identify all potential claimants:

2. Are the claimants represented by Solicitors? **YES/NO**

3. Is the claim being made by your client? **YES / NO**

4. If no, please identify your client:

5. What was the scope of your instructions?

6. What are the allegations that have been made?

6a. What are your own views on these allegations?:

SECTION 2 – CLAIM DETAILS (continued)

7. Do you consider you were at fault or may have some liability, if so why?

8. Do you consider that any other party may be at fault, if so why?

9. In your opinion, can any action be taken at this stage to resolve matters?

10. If known, what is the potential quantum of any claim?

11. Do you consider that you require, or would benefit from, legal advice at this stage? **YES / NO**

If yes, please state why:

SECTION 3 – DETAILS OF CIRCUMSTANCE

1. Please identify your client or potential claimant:

2. What has occurred to prompt this notification?

3. Is your client / potential claimant aware of the situation? **YES / NO**

4. Do you consider you are at fault or may have some liability if a claim should be pursued? **YES / NO**

If yes, please state why:

5. What action, if any, can be taken by yourselves, or any other party, at this stage to resolve the situation?

6. If known, what is the potential quantum of this matter?

11. Do you consider that you require, or would benefit from, legal advice at this stage? **YES / NO**

If yes, please state why:

SECTION 4 – FUTURE ACTION

1. What action do you consider should now be taken by yourselves and / or Insurers?

2. Are there any ongoing commercial factors that should be taken into consideration or that may affect the future conduct of this matter?

IMPORTANT NOTE:

All relevant information known and / or correspondence available at the time of completing this form must be provided for disclosure to Underwriters as it may prejudice your right to indemnity under the policy if it is later discovered that any such information has been withheld at the time of notification.

SIGNED:

DATED:
