

STRICTLY PRIVATE & CONFIDENTIAL

Design and Construction Contractors 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
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Design and Construction Contractors 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 Job Name, Job Date and Job Number:

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

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

5a. 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:

6. 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.

1. Please identify all potential claimants:

SECTION 2 – CLAIM DETAILS:

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?

5. What was the type of contract entered into, e.g. NEC3?

5a. Were you appointed directly or sub-contracted and by whom were you appointed?

6. What was the scope of your instructions under the contract?

6a. Were there any special conditions agreed in this contract which may now apply?

7. What are your own views on the allegations that have been made?

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

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

10. Has Practical Completion been achieved? If not, is this being prevented because of this issue?

10a. In your opinion, can any action be taken at this stage to resolve matters?

10b. If remedial works are required, what is the estimated cost of such works?

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

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

SECTION 3 – DETAILS OF CIRCUMSTANCE

1. Please identify your client or potential claimant:

1a. If the potential claimant is not your client please also identify your client:

2. What was your appointed role and the scope of your instructions?

3. What has occurred to prompt this notification?

3a. Is your client / potential claimant aware of the situation?

3b. Is this an ongoing project? If not, please advise when the project was completed:

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:

4a. Do you consider any other party may be at fault? If so, why?

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

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

7. Do you consider that you may benefit from legal advice at this stage? **YES/NO**

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:
