



Head Office: Plot 1412, Ahmadu Bello Way, P.M.B. 80015, Victoria Island, Lagos. Tel: 234-01-2701560 - 5

## PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM

The issue of this claim form is not an admission of liability.

Please answer all questions fully and return forms without delay.

### INSURED'S DETAILS

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail \_\_\_\_\_

### DETAILS OF CLAIMANT

Full name of the claimant or potential claimant (that is the party making the claim or potential claim against you or the firm/company)

\_\_\_\_\_

Address of claimant \_\_\_\_\_

### 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? If so, please provide appropriate particulars of the date of the retainer/contract and its terms.

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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f. Were any specialist consultants used?  Yes  No

If 'Yes', please give details and a note of their duties together with how and by whom they were appointed:

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g. Amount of gross fees for services rendered by you:

Paid: \_\_\_\_\_ Invoice but unpaid: \_\_\_\_\_

**DETAILS OF THE CLAIM OR CIRCUMSTANCES**

a. Please give a resume of the facts which have led to the current situation

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b. Date you first became aware of circumstances which might give rise a claim against you or loss incurred by you: \_\_\_\_\_

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c. Has any intention to claim against you been expressed? \_\_\_\_\_

If 'Yes' by whom and in what circumstances?

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d. What are your own views on liability?

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e. If possible, please give your estimate of the amount for which you may be liable in any basis:

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f. Have you previously suffered any Professional Indemnity Claim?

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g. Have you ever made a claim under a Professional Indemnity Policy? if so, please give details

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Please attach all relevant correspondence and in particular any formal claim notification. Please continue on a separate sheet if the space above is not sufficient.

## DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect AXA Mansard Insurance's consideration of the claim;
- (b) I/we understand that AXA Mansard Insurance requires this information (which will be retained by AXA Mansard Insurance) to evaluate the claim.
- (c) AXA Mansard Insurance is authorized to disclose information contained herein to AXA Mansard Insurance advisors, Reinsurer and to other insurers. I/We authorize AXA Mansard Insurance to obtain, from any other party, information that is, in AXA Mansard Insurance's view relevant to this claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_