

PROFESSIONAL INDEMNITY CLAIM FORM

Important Notice

If there is an occurrence that you become aware of which may lead to a claim being made on your professional indemnity policy you must IMMEDIATELY call us.

The claim form is to be completed and signed by the insured person or a Director if the Insured is a company. If you need assistance with completing the form please give us a call on 07054492984.

All questions must be answered as fully as possible using additional sheets of paper if

necessary. Copies of all relevant documentation should be sent to us with the claim form.

if you have any questions when completing the form please contact

us. Full Name of Insured:

Phone Number:

Address of Insured:

Details of claim or circumstances that may become a

claim. What services were you retained to provide?

Was this evidenced in writing?

If yes, please provide a

copy. When did you do the work out of which the claim or circumstances has risen?

Please provide the name of the person or company who has or may assert that you have been negligent in providing your services.

What is the nature of the claim or circumstances (i.e. the claimants' allegations of your negligence)?

(Authorised and regulated by the National Insurance Commission RIC-026)

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

On what date did you first become aware of the circumstances?

Was this in writing or verbal? (Please forward if in writing)

If verbal, please give a first person account of the conversation.

What amount is being claimed?

Please provide details of any additional information you wish to provide

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

I/we understand that claim may be refused if information is not true or is withheld.

Signed:

Date:

Full name:

Position:

Head Office: Plot 20, Block 94, Providence Str, Off Adewunmi Adebimpe Str, Lekki Phase 1, Lagos.

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