



Notification of Claim or Claim Circumstance Form

Important Notice

It is important that this notification form is completed as fully and accurately as possible (using additional sheets where necessary) and that all relevant correspondence and supporting documentation are enclosed for the following reasons:

- This form will form the basis upon which we initially assess the merits of the matter being reported.
- The information provided will enable us to evaluate the claim or claim circumstance more efficiently, liaise effectively with underwriters, and agree the most appropriate course of action, thereby helping us to provide a more effective claims handling service.
- Under the terms of the policy, policyholders are required to provide underwriters with full written details of any claim or circumstance that may give rise to a claim.

Important

While policyholders have a duty to take reasonable steps to mitigate any loss, they must not admit liability, accept responsibility, provide any third party with details of their insurance or make any settlement offer without the prior approval of underwriters. Doing so may constitute a breach of their policy terms and conditions, potentially prejudicing underwriters' position and adversely affecting any indemnity available under the policy.

Please be assured that all information provided will be treated in the strictest confidence.

Confidentiality Notice

This notification form and the information it contains are confidential and are intended solely for use by insurers, their legal advisers, and other authorised parties involved in the assessment and handling of the notification. The information should not be disclosed to any third party except where required by law or with appropriate authorisation.

1. Policyholder Details

Name of Insured	
Contact Name	
Phone Number	
Email Address	
Position	
Policy Number	
Profession	
Policyholder's Regulator	

2. Notification Details

Date first aware of complaint, claim, circumstance, or loss	
Details of verbal or written allegations	
Date of alleged or possibly negligent act, error, or omission	
Summary of facts leading to the current situation	
Letter/Email of Claim or Claim Form attached?	☐ Yes ☐ No ☐ Not applicable

3. Liability

Please provide comments on the allegations made by the Third Party.	
Is there any other party who may be liable or partly liable?	☐ Yes ☐ No If yes, provide full details:

4. Way Forward / Mitigation

Is any urgent action required?	☐ Yes ☐ No If yes, state what action is required:
Communications with claimant/complainant to date?	☐ Yes ☐ No If Yes, please provide details:

Declaration

Declaration I/We the undersigned confirm that the answers and information given in this Notification Form are true and accurate to the best of my/our reasonable opinion.	
Signed Director/Partner	
Print Name	
Date	

Registered Address: Venture House, St. Leonards Road, Maidstone, Kent, ME16 0LS

Trading Address: 34 Lime Street, London, EC3M 7AT

Company Registration No 04569962

FCA Registration No 304340