



NOTIFICATION FORM
Financial Advisors

Pursuing
Better
Together®

P11 claim or circumstance notification

Your details

Firm name	
Policy number	
Contact name	
Contact details	

Claimant/potential claimant details

Claimant(s)/ potential claimant(s) name	
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Claim/circumstance details

Type of work the claim/ circumstance has arisen from	
Brief summary of claim/ complaint/issue	
Does this matter relate to a defined benefit pension transfer?	
Date when you first became aware of any issues	
Date when claim made / intimation of claim made	

Your views on liability	
Potential quantum	
Have you attached copies of all relevant documentation? For example • Copies of any correspondence received which may be (but not limited to) emails, letters, file notes or any legal documents, this includes the complaint/claim • Copies of any contractual documentation setting your role/involvement	
Has this circumstance or occurrence been notified under any other insurance policy? If yes, please provide details.	
Any other information you consider relevant	

Name and Title	
Date	
Signature	