



NOTIFICATION FORM

Miscellaneous Professions

Pursuing
Better
Together®

PII claim or circumstance notification

Your details

Firm name	
Policy number	
Contact name	
Contact details	

Claimant/potential claimant details

Claimant(s)/ potential claimant(s) name	
Property address/ Project name (if relevant)	

Claim/circumstance details

Type of work the claim/ circumstance has arisen from	
Brief summary of claim/ complaint/issue	
Your role in the matter	
Other parties relating to this matter/their roles	
Date when you first became aware of any issues	

Date when claim made/ intimation of claim made	
If the claimant/potential claimant is your client, do you still act for the client?	
Your views on liability	
Potential quantum	
<p>Have you attached copies of all relevant documentation, including any contract documentation?</p> <p>For example</p> <ul style="list-style-type: none"> • 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 out your role/involvement 	
<p>Has this circumstance or occurrence been notified under any other insurance policy? If yes, please provide details.</p>	
Any other information you consider relevant	

Name and Title	
Date	
Signature	