

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	
Have you attached copies of all relevant documentation, including any contract 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 out 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	