



PROFESSIONAL INDEMNITY CLAIM FORM



Contents

A. IMPORTANT NOTES.....	3
B. INSURED DETAILS.....	4
C. DETAILS OF CLAIMANT.....	4
D . DETAILS OF INSURED’S RETAINER/CONTRACT	5
E. DETAILS OF CLAIM / CIRCUMSTANCES.....	5
F. DETAILS OF INSURED’S RESPONSE.....	7
G. DECLARATION	8
H. SUPPORTING DOCUMENTS	9



A. IMPORTANT NOTES

1. Please read this Claim Form fully before answering the questions.
2. No admission of liability or agreement or payment of any amounts to any person/Company/Entity/Corporation without the consent of the Company is a breach of a condition of this policy and will void any possible claim
3. The claim form is to be completed and signed by a partner, director or principal of the insured.
4. All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
5. If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
6. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.
7. Appointment of legal representatives should not occur without the prior consent of Trans Pacific Assurance Limited
8. The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any claim or potential claim.



B. INSURED DETAILS

- 1. Full Name of the Insured
- Address of the insured
- Postcode
- 2. Contact person
- 3. Policy No
- 4. Private Tel No..... Business Tel No
- Mobile Tel No..... Fax No.....
- 5. Email

C. DETAILS OF CLAIMANT

- 1. Full name of claimant / potential claimant
(i.e. the party making the claim or potential claim against you or the firm/company).
- 2. Address of the claimant.....
- Postcode
- 3. Claimant Telephone No
- 4. Claimant Email



D . DETAILS OF INSURED’S RETAINER/CONTRACT

1. What were you retained/contracted to do?

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2. Was your retainer/contract for services evidenced in writing? Yes No

a) If so, please attach a copy.

b) If not, please provide appropriate particulars of the date of the retainer/contract and its terms.

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3. When did you perform the work out of which the claim arises or may arise?//

4. Who is the person within the firm/company, who actually performed the work or against whom the claim or potential claim is principally directed?

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5. What is that person’s title, duties and contact details?

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E. DETAILS OF CLAIM / CIRCUMSTANCES

1. What is the precise nature of the claim (i.e. the claimant’s allegations) or the fact or circumstance that might give rise to a claim?

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2. Have proceedings commenced? Yes No

(If so, please attach a copy of the court documents.)

3. On what date did you first become aware of the claim or the fact or circumstance?//



4. On what date was the claim or the intimation of a claim first made to you? Was the first intimation of a claim oral or in writing?

a) If in writing, please attach a copy.

b) If oral, please give a “first person” account of the conversation, (i.e. “He said”, “I said”).

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5. What amount, if any, is claimed?

6. If known, what does that amount comprise?

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F. DETAILS OF INSURED’S RESPONSE

1. What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

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2. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

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3. Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.

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4. Have you instructed a solicitor or other lawyer to act for you? If so, what is that lawyer’s name, firm, address and charge out rates?

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G. DECLARATION

I/We declare that:

The information and answers given above are correct to the best of my/our knowledge and belief.

I/We understood the claim may be refused or reduced if information is withheld.

I/We authorise Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in Trans Pacific Assurance Limited s' view relevant to this claim

Signature of Insured

Date/...../.....



H. SUPPORTING DOCUMENTS

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

1. Copy of Retainer / Contract (where applicable)
2. Letter of Demand (where applicable)
3. Copy of Court Documents (where summons has been issued)

Should any further documentation be required to finalise the claim, your claims advisor will update you.



Level 3, Credit House
Cuthbertson Street
Port Moresby
National Capital District
121



+675 321 6808



info@transpacific.com.pg



www.transpacific.com.pg

THE INTELLIGENT INSURER