liability

professional indemnity claim form

Lumley General

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley House, 7 City Road, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Insured details

Name of insured:

Claim number (if known):

Policy number (if known): | | | | | | | | | | | | | | **Expiry date:** / /

Postal address:

Daytime phone number:

Email address:

Claim details

When did the Insured first become aware of the circumstances that might give rise to a claim?

Has a claim been made by anyone against the Insured? Yes ☐ No ☐

If a claim has been made:

(a) When was the claim made?

(b) Who made the claim?

(c) What is the nature of the claim? (Please provide a brief description of circumstances giving rise to claim and allegations made against the Insured.)

(d) What is the amount claimed?

When did the Insured perform the work or carry out the services out of which this claim arises or may arise?

Please provide the name of the person within the firm/company who performed the work or the services:

Was there a contract between the Insured and the claimant to perform the work or carry out the services? Yes ☐ No ☐

If **Yes,** please provide a copy (if written), or provide details of what the Insured was contracted to do (if the contract was oral):

Please attach copies of all relevant documents including correspondence, court documents and file notes relating to this notification.

Declaration

I/We , on behalf of the Insured declare the above answers and information to be true and correct.

I/We authorise Lumley to obtain/disclose personal information and documents from/to any party for the purposes of this claim.

I/We understand that this form requests personal information which is held by Lumley to evaluate the claim and failure to provide information sought may result in the claim being declined.

Insured's signature: Name (please print) Date: / /

If company, state position: