



**PROFESSIONAL INDEMNITY
CLAIM FORM**

1. a) Name of Insured
- b) Address
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2. Name of Third Party

3. Present Address
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4. Occupation of Third Party

5. Date of demand

6. Nature of demand/negligence

7. Give a brief description of the circumstances leading to the alleged negligence
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I/We declare the foregoing particulars to be true and correct and undertake to render assistance in my/our power in dealing with the matter.

Date

Signed

Address