



Camberford  
Underwriting

Professional  
Indemnity

Claim Form

## PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.

If you do not understand any terms in this form, please contact us for further information or visit [www.camberford.com/glossary](http://www.camberford.com/glossary)

### THE INSURED

|                           |           |        |
|---------------------------|-----------|--------|
| Policyholder Name:        |           |        |
| Policy Number:            |           |        |
| Occupation:               |           |        |
| Policyholder Address:     |           |        |
|                           | Post Code |        |
| Daytime Telephone Number: |           |        |
| Email Address:            |           |        |
| Are You VAT Registered?   |           | YES/NO |

### THE CLAIMANT

|  |           |  |
|--|-----------|--|
| Full name of claimant or potential claimant (i.e., the party claiming against you or the company): |           |  |
| Address of claimant:   |           |  |
|  |           |  |
|  | Post Code |  |

### DETAILS OF INSURED'S CONTRACT WITH CLAIMANT

|  |  |        |
|--|--|--------|
| What were you contracted to do?  |  |        |
| Was your contract for services evidenced in writing? If YES, please attach copy. |  | YES/NO |
| If NO, please provide appropriate particulars:                                   |  |        |
|  |  |        |

|  |
|--|
| When did you provide the work out of which the claim arises or may arise?  |
|  |
| Please provide the name of the person within the company who actually performed the work or against whom the claim or potential claim is principally directed: |
|  |

| DETAILS OF CLAIM OR CIRCUMSTANCE   |  |
|--|--|
| 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: |  |
|  |  |
| On what date did you first become aware of the claim or of such fact or circumstance?  |  |
| On what date was the claim or the intimation of a claim first made against you?  |  |
| Was the first intimation of a claim in writing? If YES, please provide a copy  | YES/NO   |
| If the first intimation of a claim was verbal, please provide a "first person" account of the conversation:                              |  |
|  |  |
| What amount, if any, is claimed?   | £ <span style="background-color: #fce4d6;"></span> |

| DETAILS OF INSURED'S RESPONSE  |
|--|
| What are your comments in response to the claim or the fact or circumstance that might give rise to a claim? |
|  |

What are your comments on the quantum of the claim?

What is your estimate of your potential monetary liability, if any, to the claimant?

£

Are there additional details about which you wish to advise, or which may be of interest to the Insurer so that they have a better understanding of this matter? *(Please provide full details along with supporting documentation)*

## DATA PROTECTION

### HOW WE WILL USE YOUR DATA

#### The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

**Other people's details you provide to us:**

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberford.com/privacy](http://www.camberford.com/privacy)

**Contact Details:**

Camberford Underwriting  
Data Protection Officer  
7<sup>th</sup> Floor  
Corn Exchange  
55 Mark Lane  
London  
EC3R 7NE

**DECLARATION**

**The submission of a fraudulent or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.**

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

|                 |  |
|-----------------|--|
| NAME (PRINTED): |  |
| POSITION:       |  |
| SIGNATURE:      |  |

|       |  |
|-------|--|
| DATE: |  |
|-------|--|