

## Professional indemnity

### Claim/circumstance notification form

If a client has a problem with your work which is likely to lead to a claim, please let us know, even if you disagree with their view. Prompt action could minimise, or avoid, unnecessary cost and distress.

Please help us to help you by answering all relevant questions, using a separate sheet if necessary.

Please return the completed form:

- to your insurance advisor; or
- by email to the claims department at [hiability.claims@hiscox.com](mailto:hiability.claims@hiscox.com); or
- by post to Hiscox, PO Box 420, Sittingbourne, Kent ME10 1WB marked 'For the attention of PI Claims Team'

#### A. Your details

Name of company/ individual:	<input type="text"/>
Policy number:	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

#### B. Details of claim/ circumstance that is likely to give rise to a claim

Please provide the contract/terms of engagement with your client, in addition to a brief summary of what is being or is likely to be alleged against you.

Have you received a letter of complaint/claim? Yes ☐ No ☐

If so, please provide details and attach the letter.

If not, have you been advised a claim will be made against you? Yes ☐ No ☐

If so, please provide details, including when you first became aware and if made in writing please attach any relevant documentation.

Do you think that you may be open to criticism? Yes ☐ No ☐

Please give brief reasons for your answer.

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Do you think anyone else caused or contributed to this claim?

Yes ☐ No ☐

If so, please provide details.

What, if anything, have you said to your client or anyone else about the claim or the problem that has arisen?

Have you taken any action yet to resolve the problem?

Yes ☐ No ☐

If so, please provide details.

#### C. Claimant details

#### Your information

By accepting **your policy**, you consent to **us** and the Hiscox group of companies (collectively referred to as Hiscox) using the information **we** may hold about **you** or others related to **your policy** for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about **you** or others related to **your policy** where this is necessary (for example health information or criminal convictions). This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than **you**, **you** must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. **You** or others related to **your policy** may have the right to apply for a copy of this information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.



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### Declaration

**I declare that the details given on this form are true and complete to the best of my knowledge.**

Name

Signature

Capacity/position (if not the insured)

Date

Thank you for completing this notification form.

**Important note:**

We take this opportunity to remind you of your obligations under your professional indemnity insurance policy with us. We strongly recommend that you review your policy terms and conditions as set out in your policy documentation. This is important as it could affect your cover under the policy.

A claims advisor shall be in touch with you shortly.