

Professional Indemnity

4. DETAILS OF CLAIM OR CICUMSTANCE

Claim form

 Form is to be filled 	d be filled in by the person named as the 'Insured' on the policy schedule. ed in CAPITAL LETTER and signed by the Insured. All asterisked (*) items must be filled to completion form does not imply admission of liability	
Policy number		
Period of Cover From	D D M M Y Y Y Y TO D D M M Y Y Y Y	
1. INSURED DET	ΓAILS*	
Company Name (if	applicable)	
Address		
Phone:	Email:	
	For any update on your claim. Please confirm how you would prefer to receive your alert	
Email	SMS Both	
2. DETAILS OF T	THE CLAIMANT	
	the Claimant or potential Claimant	
	NSURED'S RETAINER/CONTRACT	
	ou retained/contracted to do?	
b) Was your Contract for services evidenced in writing? • Yes • No (If YES, please attach a copy)		
c) If NO above, please provide appropriate details of the date of Contract and its terms		
d) When did you	perform the work out of which the Claims arise or may arise?	
e) Who is the person within the company, who actually performed the task or against whom the claim or potential claim is principally directed?		
	rson's title, duties and contact details	

a) What is the precise nature of the claim (i.e. that the claimant's allegation) or the fact or circumstance

	which might give rise to a claim?
	b) On what date did you first become aware of the claim or circumstance?
	c) On what date was the Claim or intimation of a Claim first made to you?
	d) Was the intimation of the Claim oral or written? (If written, please attach a copy)
	e) If ORAL above, please give "first person" account of the conversation (i.e. "he said", "I said")
	f) What amount, if any, is claimed?
5.	DETAILS OF INSURED'S RESPONSE
	a) What are your comments in response to the Claim or the fact or circumstance which might give rise to a claim?
	 b) 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? c) Are there additional detail about which you wish to advise, or which may be of interest to an Insurer that will provide a better understanding of this matter? Yes No d) If YES above, please provide details along with supporting evidence
	e) Have you instructed a solicitor or a lawyer to act for you? If so, state the lawyer's name, company, address and charge-out rates?
	CLARATION
 2. 3. 	I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect and agree that if I/we have made any false or fraudulent statement, be it suppression or concealment, the policy shall be cancelled and the claim shall be forfeited. I/We agree to provide additional information to NEM Insurance , if required. I/We agree to submit all required and requested for documents and NEM Insurance shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements.
Si	gnature of policyholder
	Date D D M M Y Y Y

NEM Insurance Plc. reserves the right to refute any fraudulent claims

CLAIMS PROCEDURE (Please read carefully to understand the claim process)

- NEM Insurance should be notified immediately.
- NEM Insurance may ask for additional documents and /or clarification if any, depending on the requirement of the claim.

For claims status enquiries, you may contact us on 01 448 9570

