

**CLAIM/CIRCUMSTANCES
REPORT FORM**

Private, privileged & confidential for the use of QBE European Operations.

Insured:

Policy No:

Please note that delay in the return of this form could prejudice your cover under the policy.

A. INSURED	
1. Insured name:	
2. Address:	
3. Contact name:	
4. Telephone No.:	
5. Fax No.:	
6. Are you content to communicate with us by email? If so, please provide email address:	

B. CLAIMANT/POTENTIAL CLAIMANT	
1. Claimant or potential Claimant's name:	
2. Address:	
3. Claimant's representative's:	
3.1 Name:	
3.2 Address:	
3.3 Telephone No.:	
3.4 Contact name or reference:	

C. COMMUNICATION OF COMPLAINT		
1. Have you received any of the following. If so, please provide a copy of the relevant communication and/or attendance notes.	Verbal communication of complaint	
	Letter of Complaint	
	Letter of Claim under the Professional Negligence Pre-Action Protocol correspondence form	
	Claim Form	
2. When did you first become aware of the circumstances leading to this notification?		

D. PROFESSIONAL OBLIGATIONS	
1. Has the Claimant/potential Claimant been informed of the facts leading to this notification? If so, please indicate when and provide a copy of any letter/attendance note.	

2. Has the Claimant/potential Claimant been advised to take independent legal advice? If so, please indicate when and provide a copy of any letter/attendance note	
3. If applicable, please provide details of any other interested parties (e.g. Bank or Building Society) and confirm whether they have been notified of the facts	

E. RETAINER	
1. Did you enter into the retainer leading to this notification?	
2. Please identify all the clients by whom you were retained.	
3. What was the purpose of the retainer?	
4. Has the retainer been concluded?	
5. Have you retained your original or copy file?	
6. Has the file or a copy of it been sent to the Claimant or their representative?	
7. If not, has the file been requested?	
8. Have you been paid in full for your work?	
9. If not: Do you intend to or have you exercised a lien over the file? 9.2 Do you intend to or have you made a written demand or claim for your fees?	

F. NATURE OF COMPLAINT	
1. Please provide details of any allegations made, or shortcomings in your work leading to this notification	
2. What was the date of the alleged act or omission?	
3. Name of company at this date if different from current name.	
4. Do you consider that liability is likely to be established? If so, why?	
5. Has any admission of liability been made?	
6. Do you consider any other parties to be at fault?	

G. QUANTUM	
1. Please estimate the maximum realistic amount which has been or will be sought. Please identify the likely heads of loss.	
2. Please provide your best estimate of any compensation which may ultimately be paid.	
3. Please give details of any information relevant to quantum and provide of copies.	

H. AVOIDANCE OR REDUCTION OF LOSS	
1. Is there any course of action available which may reduce the potential loss caused by the alleged negligence?	
2. Are there any time limits within which such action must be taken. If yes, please specify.	
3. What do you consider the prospects of success of such remedial action to be?	

I confirm that the information contained in this form is true and complete to the best of my knowledge.

Signed:.....

Name:.....

Date:.....

THIS FORM MUST BE SIGNED BY A DIRECTOR.

Once completed, this form should be returned to:

Claims Manager
Professional Indemnity
QBE European Operations
Plantation Place
30 Fenchurch Street
London
EC3M 3BD

Tel: 020 7105 4000
FAX: 020 7105 4031