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Description automatically generated

Professional Indemnity Claim Registration Form

Thank you for notifying us of the claim or circumstance. We ask that you complete and sign the form below and provide as much detail as you can. Please return the completed form via email to [claims@admiralbusiness.com](mailto:claims@admiralbusiness.com) with any additional evidence that you may currently have.

|  |  |
| --- | --- |
| POLICYHOLDER DETAILS | |
| Policy Number |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Email |  |
| Contact Number |  |

|  |  |
| --- | --- |
| CLAIM/CIRCUMSTANCE | |
| Describe the precise nature of the claim or circumstance in as much detail as you can |  |
| Describe the work that the Policyholder was retained/contracted to do that gave rise to this claim or circumstance |  |
| When was this work carried out? (please provide the specific date or date range) |  |
| Provide details of any other individual or company involved in the work/project |  |
| Did the Policyholder have a Professional Indemnity policy in place when this work was carried out? If so, please provide the details |  |
| Confirm the date when you first became aware of any issue which could give rise to a claim |  |
| Who in your opinion is responsible for the loss and why? |  |

|  |  |
| --- | --- |
| LOSS DETAILS | |
| Name of Individual/Company who has suffered the loss |  |
| Contact Details for Individual/Company who has suffered the loss |  |
| Describe the damage, loss or delay that has occurred/been alleged |  |
| Provide an approximate value of the damage, loss or delay that has occurred/been alleged |  |

|  |  |
| --- | --- |
| ADDITIONAL DETAILS AND ATTACHED EVIDENCE | |
| Please note any additional information here that you feel is relevant to the matter |  |
| Please list any additional evidence that you have attached to help us understand the claim/circumstance (e.g. photos, invoices, claim or court documents etc.) |  |

STATEMENT OF TRUTH

I hereby confirm that the information above is accurate to the best of my knowledge and also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated…………………………………………….