## PROFFESSIONAL INDEMNITY CLAIM FORM

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THE LIABI		OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF			
the pa	articular	on and return of this form to the Company should not be delayed if any of s required cannot be immediately given, they may be forwarded to the erwards as soon as possible (If space found insufficient please attachet).			
1.	(a)	Name of Insured			
	(b)	Address			
	(c)	Qualification Registration No.			
	(d)	Policy Number			
	(e)	Period of Policy			
	(f)	Limits of Indemnity under the policy.			
2.	Partic	Particulars of Incident :			
	(a)	Date of Occurrence :			
	(b)	Place of Occurrence :			
	(c)	Who is directly responsible for the injury/ loss?			
	(d)	Give details of treatment :			
3.	(a)	Who has made the claim on you? (If claim has been made in writing, attach a copy of the demand/legal notice received and of the bill, if any, submitted).			
	(b)	Name and Address of the Claimant.			
	(c)	His age and occupation.			

(d)

(e)

When did he first consult?

General condition / status now.

	r	relevant aspect			
4.	Amount claimed as damage from you :				
5.	` '	Give the names and addresses of Person who witnessed the incident	:		
	t I	nas the incident been reported o any authority? f so, state to whom and attach A copy of the report submitted.	:		
		What action, if any, has been taken by the authority?			
6.	Give particulars of other insurance if any, in respect of the same risk. :				
7.	Has any claim been made upon you before.				
	I/We the above named, do hereby, to the best of my/our knowled warrant the truth of the foregoing statements in every respect; and that if I/We have made, or in any further declaration the Company in respect of the said accident shall make any false or fraudulent stany suppression or concealment my/our claim shall be absolutely for the Policy shall be null and void.				
	Witness	: Signature	Insured's Signature		
		Name	Date		
		Address			
		Date			

Give full particulars of any other

(f)