

Claim or circumstance notification form

1 NAME AND ADDRESS DETAILS

Practice name

Telephone number

Office address

Contact email address

2 SERVICES PROVIDED

Please provide details of the following:

2.1 Name of client/claimant:

2.2 Date services rendered to your client:

Commenced:

Completed:

2.3 Are there any fees invoiced for services rendered by you that remain unpaid?

Yes

No

If 'Yes', do you intend to pursue these fees?

Yes

No

Amount of gross fees outstanding: £

2.4 Were any specialist consultants used?

Yes

No

If 'Yes', give details and a note of their duties together with how and by whom they were appointed:

3 NOTIFICATION DETAILS

3.1 Please provide a resume of the facts / events which have led to the current situation:

3.2 Please advise the date upon which you first became aware of the circumstances which may give rise to a claim against you

3.3 Has an intention to make a claim against you been expressed? Yes No

If 'Yes', by whom and in what circumstances?

If 'No', please explain the reason for anticipating a claim and provide full particulars as to dates, acts and persons involved

3.4 What are your own views on liability?

3.5 If possible, please provide an estimate of the amount for which you may be liable on the following basis:

Worst possible	£	Likely outcome	£
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Please attach copies of all relevant correspondence along with any formal claim notifications. If the spaces above are not sufficient please continue on a separate sheet of headed note paper.

Date:

Print name:

Position:

Once completed please return the form by email to your usual contact