PROFESSIONAL INDEMNITY
CLAIM FORM

1. a) Name of Insured .....
   b) Address .....
   .....

2. Name of Third Party .....

3. Present Address .....
   .....

4. Occupation of Third Party .....

5. Date of demand .....

6. Nature of demand/negligence .....

7. Give a brief description of the circumstances leading to the alleged negligence .....
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I/We declare the foregoing particulars to be true and correct and undertake to render assistance in my/our power in dealing with the matter.

Date ..... Signed .....

Address .....