

Claim Form

Professional Indemnity

Policy

Policy number

Name of insured (as per policy schedule)

Insured's details

Type of business

Name of contact person at insured

Designation

E-mail address

Cell/Tel number

Claimant / Potential Claimant details

Is the claimant a business or individual?

Business

Individual

Name & Surname

E-mail address

Cell/Tel number

Details of contract and claim

What was insured retained / contracted to do

Was there a contract in place between the insured and claimant Yes No
If yes, please attach to Claim Form

[Add attachment](#)

If no contract was in place, please provide details of on what the insured was retained to do / perform

When did the insured perform the work out of which the claim arises

Who is the person at the insured who performed the work

What are the circumstances that gives rise to the claim or potential claim (the allegations of negligence against the insured)

When did the insured first become aware of the claim or the circumstance that would give rise to the claim

Claim against the insured / Reason for reporting the incident

Is this incident reported for notification purposes only Yes No

Has the insured received a verbal or written demand for monetary compensation Yes No
If yes, attach to Claim Form

[Add attachment](#)

On what date did the insured receive the written demand

Has the insured been served with a Summons Yes No
If yes, attach to Claim Form

[Add attachment](#)

On which date was the Summons served on the insured

Has the insured appointed an Attorney or Loss Adjustor or other service provider to act on their behalf or provide expert opinions? Yes No
If yes, please provide name of company, contact details and reports

What is the amount claimed

Insured's investigation

Has the insured conducted their own investigation into the incident
If yes, attach the report/ findings to Claim Form

Yes

No

[Add attachment](#)

What is the insured's views/comments on Liability (Are they of the opinion that
the may be liable for the loss suffered). *If yes, please provide reasons*

Yes

No

What is the insured's view/comments on the amount claimed

Are there additional details which you wish to notify Chubb of

I / We declare that to the best of my/our knowledge the above statement is true

We declare the foregoing particulars to be true and complete and correct in every respect

Insured Name

Capacity

Signature

Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: www.chubb.com/za-en/privacy-policy

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.RSA@chubb.com

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult. If you need assistance please contact ecomunications@chubb.com

Chubb. Insured.SM

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