## **Liability Claim Form**



## NOTIFICATION OF CLAIM OR CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

- WARNING: If you supply any untrue or false information and know that it is not true, Southern Pacific Underwriting Agency Limited, on behalf of Certain Underwriters at Lloyd's, have the right to refuse a claim
- · Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A"
- Under no circumstances should liability be admitted or any offer of settlement be made without Southern Pacific Underwriting Agency Limited's prior written approval
- · Do not include any comment which could be construed as an admission of liability

Insured's Details				
Name of Insured		Contact Person		
Address				
Email		Phone No.		
Broker		Policy No.		
Claimant's (or Potential Claimant) Details				
Claimant Name				
Contact		Email		
Details of Grievance or Claim				
On what date did you first:				
a) become aware of the existence of a potential grievance or claim against you?			/	/
b) receive notice of the complaint, grievance or claim made against you?			/	/
On what date did the alleged error, mistake or incident occur which generated this notification?			/	/
Were you aware of the existence of the complaint, grievance or potential claim prior to insuring with Southern Pacific Underwriting Agency Limited, on behalf of Certain Underwriters at Lloyd's?			No	
If Yes, please tell us who your previous insurer was, and whether they have been notified				
What is the estimated quantum at issue?	\$			

Please provide full details of the actual or anticipated problem, complaint, claim or allegation (or facts or circumstances that might give rise to a claim). Supplementary information and relevant correspondence should be attached.				
Declaration				
I/We, hereby declare that  The above statements are true, and I/We have disclosed all material facts and should any information given by me/us alter between the date of this completed form and in the course of resolving this claim/notification of claim, I/We shall give immediate notice thereof.				
Signed				
Name	Date			



