

LASACO ASSURANCE PLC

HEAD OFFICE:

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PROFESSIONAL INDEMNITY INSURANCE CLAIM NOTIFICATION

Please answer all questions fully and return forms without delay.

Policy No	<input type="text"/>	Claim No	<input type="text"/>
Agency	<input type="text"/>		
Insured	<input type="text"/>		
Contact Address	<input type="text"/>	State	<input type="text"/>
Postal Address	<input type="text"/>	State	<input type="text"/>
Occupation	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Last premium Date:	<input type="text"/>		

2. Services Provided

Please advise the following:

a. Name of client (or claimant)	<input type="text"/>	Other names	<input type="text"/>
b. Date services rendered to your client:		Commenced:	<input type="text"/>
		Completed:	<input type="text"/>
c. Terms and conditions of your engagement and nature of services rendered	<input type="text"/>		
d. Amount of gross fees for services rendered by you:		Paid:	<input type="text"/>
		Invoice but unpaid:	<input type="text"/>
e. Were any specialist consultants used?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If 'Yes', please give details and a note of their duties together with how and by whom they were appointed			
<input type="text"/>			

3. Notification details

a. Please give a resume of the facts which have led to the current situation

b. Date you first became aware of circumstances which might give rise a claim against you or loss incurred by you:

c. Has any intention to claim against you been expressed?
If 'Yes' by whom and in what circumstances

d. What are your own views on liability?

e. If possible, please give your estimate of the amount for which you may be liable in any basis:

Worst Possible:

Likely Outcome:

Please attach all relevant correspondence and in particular any formal claim notification. Please continue on a separate sheet if the spaces above is not sufficient.

Signature: _____

Date: _____

Print Name: _____

Position: _____