



Claims Report Form

Private, privileged & confidential for the exclusive
use of insurers and their advisors

Professions

A division of Lockton Companies LLP
The St Botolph Building
138 Houndsditch
London
EC3A 7AG

Tel: 0845 050 1471

Email: solicitors@uk.lockton.com

Client No:	
Risk No:	
Policy No:	

DELAY IN RETURNING THIS FORM COULD PREJUDICE YOUR COVER UNDER THE POLICY

A. PRACTICE DETAILS

Insured Firm:			
Address:		DX No:	
		Contact Name:	
		Tel No:	
Post Code:		Email:	

B. FEE EARNER DETAILS (at date given for E.3)

1.	Name of conducting solicitor/clerk/legal executive:	
	Present whereabouts:	
2.	Name of supervising partner:	
	Present whereabouts:	
3.	Names of other staff involved:	
	Present whereabouts:	

C. CLAIMANT DETAILS

1.	Claimant's Name:									
	Address:									
	Post Code:									
	If not client, state relationship:									
2.	Claimant's Solicitors:									
	Address:	<table border="1"> <tr> <td>Contact Name:</td> <td></td> </tr> <tr> <td>Tel No:</td> <td></td> </tr> <tr> <td>DX No:</td> <td></td> </tr> <tr> <td>Email:</td> <td></td> </tr> </table>	Contact Name:		Tel No:		DX No:		Email:	
Contact Name:										
Tel No:										
DX No:										
Email:										
	Post Code:									

D. DETAILS OF YOUR RETAINER - Please complete fully - continue on separate sheet if necessary

1.	Date first instructed:	
2.	Date of termination:	
3.	Type of work (see M below):	
4.	Purpose of retainer:	
5.	Identity of ALL clients relating to this retainer:	

E. DETAILS OF CLAIM - Please complete fully - continue on separate sheet if necessary

1.

State how claim arose:

2.

Acts or omissions alleged:

3.

Date of alleged act:

4.

Name of Practice at this date (if different):

5.

Brief explanation for date selected:
(please supply copy of relevant documentation)

6.

Date of discovery of circumstances giving rise to a potential claim:

7.

Date claim made to you:
(please send copies of all correspondence on claim made to date)

F. PROCEEDINGS

1.

Have proceedings been threatened?

2.

Have proceedings been commenced? (If proceedings have been commenced copies should be enclosed with this form)

G. LIABILITY - Please complete fully - continue on a separate sheet if necessary

1.

Do you think you were at fault?

Please state the reason for your views and supply supporting documentation:

2.

Do you think any other party was at fault?

If yes, please state why:

H. QUANTUM OF CLAIM

1.

Please list:

HEADS	AMOUNT
	£
	£
	£
	£
	£
TOTAL:	£

2. Please list documents available to support above:
(e.g. medical reports, Counsel's advice, contracts, valuations, wills and supply copies if available)

3. Please give percentage assessment of prospects of success original action: (if appropriate)

I. YOUR OWN FILE

1. Is the file in your possession?
2. Has the file been requested by claimant or solicitors?
3. a) Has the file been released and to whom?
- b) If yes, has a full copy been retained?

NB. When file is requested, please ensure compliance with 2.01.11 of The Solicitors Code of Conduct and keep a full copy.

4. Do you have/intend to exercise, a lien for costs

☐ Yes ☐ No

J. MITIGATION

1. Is there any course of action available to the claimant that would reduce the potential loss caused by the alleged negligence?

If yes, please provide details:

2. Are there any limits within which such action must be taken?

If yes, please specify:

3. What are prospects of success of remedial action?
(attach any relevant documents e.g. Counsel's opinion)

4. What is the claimant/potential claimant's knowledge of any available mitigation?

K. PROFESSIONAL OBLIGATIONS

1. Has the claimant been informed of the facts?
(If yes, please send a copy of any letter/attendance note)
2. a) If applicable, please provide details of other interested parties. (e.g. Bank/Building Society/CCS)
- b) Have they been notified of the facts?

L. EXCESS LAY INSURANCE

Please give details of excess layer insurance, if any, carried for the current indemnity year.

Cover £:

Broker:

Insurer:

Policy No:

Address:

Ref No:

Do you buy Infill/Deductible Buy Back?

How much cover do you buy in total?

M. Please tick the relevant box from where the claims/circumstance originated within your business:

- | | |
|---|--|
| <input type="checkbox"/> Acting as Arbitrator /Adjudicator or Mediator | <input type="checkbox"/> Financial advice and services regulated by the Financial Services Authority |
| <input type="checkbox"/> Agency advocacy | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Children work, mental health tribunal and welfare | <input type="checkbox"/> Intellectual property including patent, trademark and copyright |
| <input type="checkbox"/> Commercial/Corporate work (excluding work related to public companies) | <input type="checkbox"/> Landlord/tenant (non litigious) |
| <input type="checkbox"/> Commercial/Corporate work for public companies | <input type="checkbox"/> Landlord/tenant (litigious) |
| <input type="checkbox"/> Commercial litigation | <input type="checkbox"/> Marine litigation |
| <input type="checkbox"/> Conveyancing - commercial | <input type="checkbox"/> Matrimonial/Family |
| <input type="checkbox"/> Conveyancing - residential | <input type="checkbox"/> Oaths and affidavits and notary public |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Offices & appointments |
| <input type="checkbox"/> Debt collection (small) | <input type="checkbox"/> Parliamentary agency |
| <input type="checkbox"/> Debt collection (large) | <input type="checkbox"/> Personal injury - claimant |
| <input type="checkbox"/> Defendant litigation (insurers) | <input type="checkbox"/> Personal injury - defendant |
| <input type="checkbox"/> Employment (non litigious) | <input type="checkbox"/> Probate and estate administration |
| <input type="checkbox"/> Employment (litigious) | <input type="checkbox"/> Town & country planning |
| <input type="checkbox"/> Estate agency, property valuation and property management | <input type="checkbox"/> Wills, trust and tax planning |
| <input type="checkbox"/> Expert witness/lecturing work | <input type="checkbox"/> All other litigious work |
| <input type="checkbox"/> Financial advice and services regulated by the Solicitors Regulation Authority | <input type="checkbox"/> All other non-litigious work |

N. RISK MANAGEMENT

1. Please identify the underlying cause or causes of the claim or potential claim:

- | | |
|---|--|
| <input type="checkbox"/> Ineffective communication with client | <input type="checkbox"/> Inappropriate/incomplete advice |
| <input type="checkbox"/> Ineffective communications within the firm | <input type="checkbox"/> No/inadequate record of advice |
| <input type="checkbox"/> Ineffective communication with other professionals | <input type="checkbox"/> Failure to know the law |
| <input type="checkbox"/> Ineffective delegation | <input type="checkbox"/> Failure to apply the law |
| <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> Drafting error |
| <input type="checkbox"/> Inadequate office procedures | <input type="checkbox"/> Conflict of interest |
| <input type="checkbox"/> Missed time limit | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Delay | |
| <input type="checkbox"/> Other (please specify): | <div></div> |

2. Comments:

3. What risk management action have you taken or do you intend to take in response to the claim or potential claim and when?

PLEASE CHECK

1.

Have you answered all questions?
2.

Have you supplied copy documentation requested at E5, E7, F2, G1, H2, J3 and K1?

I confirm that the information contained in this form is true and complete to the best of my knowledge.

Print Name:

Signature:

Date:

NB. THIS FORM MUST BE SIGNED BY A PARTNER

OUR MISSION

To be the worldwide value and service leader in insurance brokerage, risk management, employee benefits and retirement services

OUR GOAL

To be the best place to do business and to work



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