

**LAW SOCIETY NORTHERN TERRITORY
PROFESSIONAL INDEMNITY INSURANCE
NOTICE OF CLAIM OR CIRCUMSTANCE**

Note: Please complete this form for all Claims or Circumstances when you become aware of them and forward it to **Marsh Pty Ltd (ABN 86 004 651 512), Locked Mail Bag 2, DARWIN NT 0801**

A. FIRM / SOLE PRACTITIONER DETAILS

1. Name of Firm or Sole Practitioner

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2. (a) Address of Principal Office

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(b) Address of the office involved in claim or circumstance if different from the Principal office

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(c) Please advise the contact details of the individual responsible for making and monitoring professional indemnity notifications at your firm.

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(d) Please advise total number of practitioners currently in your firm

.....

3. State number of partners in the firm on the date specified in Q9 or Q10.....

4. Is the Firm / Sole Practitioner registered for GST? YES / NO

If so, ABN No.

5. Has the Insured claimed a GST input tax credit in relation to this Policy? YES / NO

If so, what percentage of the GST applicable to the Premium has been claimed?

.....%

B CLAIM/CIRCUMSTANCE

6. Date when instructions were received?

7. When was the work performed out of which the claim arises or may arise?

8. What date did the Insured first become aware that there was a circumstance which may give rise to a claim?

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9. If a **claim** has been made, what date was the claim first made against the Insured?

.....

10. Please indicate which of the legal disciplines the potential claim, or the circumstances that may give rise to the potential claim, arise from. (Please circle only one field)

- | | |
|--------------------------------|----------------------|
| ▪ Banking & Finance/Securities | ▪ Superannuation |
| ▪ Taxation | ▪ Insolvency |
| ▪ Civil | ▪ Maritime Law |
| ▪ Commercial | ▪ Defamation |
| ▪ Employment | ▪ Administrative Law |
| ▪ Insurance | ▪ Personal Injury |
| ▪ Property | ▪ Family Law |
| ▪ Intellectual Property | ▪ Criminal Law |
| ▪ Trade Practices | ▪ Immigration Law |
| ▪ Estates, Trusts & Probate | ▪ Unknown |
| ▪ Planning & Environmental | |

11. Please indicate the nature of the allegations that gives rise to the claim or the circumstances that may give rise to the potential claim. (Please circle only one field)

- | | |
|----------------|----------------------------|
| Advice | Instructions |
| Breach of Duty | Loss Documents |
| Conduct | Time - Failure to Identify |
| Conflict | Time - MACA |
| Defamation | Time - Workers |
| Drafting | Time - Court Date |
| Fraud | Time - Other |
| | Unknown |

C DETAILS

12. The name and address of the claimant or the potential claimant

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13. If notice relates to a **circumstance** that may give rise to a claim – Detail the nature of the circumstances that may give rise to the potential claim

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14. If a **claim** has been made against the Firm or Sole Practitioner

(a) Detail the specific allegations made verbally and/or in writing (attach copy of written allegations)

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(b) Without admitting liability advise your views of the allegations (provide detailed assessment)

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15. Please advise your estimate on quantum of the claim or potential claim:

(a) Is estimated to be \$.....

(b) Has not been estimated but is likely to be in the range of \$.....

(c) Not immediately capable of estimation.....

D. ENGAGEMENT

16. (a) Name of the practitioner with the conduct of the matter giving rise to the potential claim or of the circumstances that may give rise to a potential claim

.....

(b) Area of practice of practitioner.....

(d) Number of years admitted in Northern Territory.....

(e) Is the practitioner still with your firm YES / NO

17. In relation to this notice was there a formal specific agreement with the claimant setting out the scope of the Firm's / Sole Practitioner's instructions YES/NO

(a) If YES, please provide full details (or a copy if in writing)

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E RECOMMENDATION

18. We recommend that we/our insurers take the following action in this matter

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F. We agree to information regarding this matter to be advised to the CEO of the Law Society Northern Territory

YES / NO

Signature:

Capacity of Signatory:

Firm:

Date:

This notice is privileged and is for the use of the insurer and their legal advisers only.