

Section 3 – Personal Loss

How were you first aware of the incident giving rise to the claim? _____

_____ When were you first aware of the incident giving rise to the claim? ____/____/____

Date you reported the details to the Claims Helpline: ____/____/____ How were you first aware of possible legal action? _____

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What outcome do you hope to achieve in this matter? _____

Have you seen a solicitor in relation to this matter? Yes No If yes, please provide the name of the firm: _____

Address: _____

_____ Postcode: _____

Date solicitor was contacted: ____/____/____ Summary of action taken to date: _____

Section 4 – Documentation

Please see the attached Checklist relating to the documents that we require you to submit with this Claim Form. Please note that this is not exhaustive and you should attach all correspondence and documents in your possession relating to this claim.

This Claim Form, the Checklist, and accompanying documentation should be sent to:

Claims Department, Legal Insurance Management Ltd, 16 – 18 Hagley Road, Stourbridge, West Midlands DY8 1PS

Or emailed to:

claims@legalim.co.uk

Declaration

It is your legal duty to tell us now about any material facts which might influence us in the acceptance or assessment of your claim. If you are in any doubt as to what constitutes a material fact you must tell us in writing immediately. If you fail to comply your claim may be invalidated.

I/We declare that no material fact has been suppressed, misrepresented, or misstated, and that the above statements have been read over, checked, and found to be correct.

I was/We were not aware at the date of inception or renewal of the policy that this claim, the details of which are set out on this form, could arise.

Signature of Claimant: _____

Date: ____/____/____