

Notification of Claim or Circumstance Form

Date of Notification _____

Law Practice details

Full name of Firm or Company _____		
Business or Trading name _____		
Law Society Practice Number _____		
Main address _____		
Suburb _____	State _____	Postcode _____

Preferred Contact details

Contact Name: _____		
Email _____		
Postal address _____		
Suburb _____	State _____	Postcode _____
DX number _____	Suburb _____	
Phone (w) _____	Phone (mob) _____	

Please only include the most accurate and relevant information. Please omit sensitive and/or personal information (including personal information of the claimant) not directly relevant to the claim

Claim or Circumstance Details

Solicitor Details:

(a) Name of the Principal or Supervising Principal whose alleged actions or omissions are the cause of this notification

(b) Name of Employee if his/her alleged actions are the cause of this notification

(c) Was any other Law Practice involved in this matter?

☐ Yes ☐ No

(d) If yes, please name the Law Practice

Claimant Details:

Name

Address

Suburb

State

Postcode

(a) Was the claimant your Law Practice's client in the transaction that is the cause of this notification?

☐ Yes ☐ No

(b) If no, please provide the name of your client(s)

(c) Did your Law Practice act for more than one party to the transaction?

☐ Yes ☐ No

(d) If yes, please name any other party for whom the Law Practice has acted

Claim or Circumstance Details (continued)**Details of Alleged Act or Omission:**

(a) Location of the alleged act or omission (if at a branch office, please indicate)

(b) Date or range of dates when alleged act or omission occurred

(c) Date when Law Practice became aware of the alleged act or omission

(d) Has a claim for compensation or costs been made or intimated against your Law Practice?

☐ Yes ☐ No

(e) If yes, how was the claim made?

☐ Verbally ☐ Letter of Demand ☐ Service of Proceedings ☐ Other (please specify):

(f) If a claim has been made, please advise the estimated amount claimed (this can be a range of amounts)

(g) If a claim has been made, what date was it made?

(h) Has your Law Practice notified this matter to any insurer (including Lawcover) prior to last 1 July?

☐ Yes ☐ No

(i) If yes, please provide details

(j) To your knowledge, has the claimant made a complaint to the Legal Services Commissioner or Law Society concerning this matter?

☐ Yes ☐ No

(k) If yes, do you authorise Lawcover to examine the Law Society file?

☐ Yes ☐ No

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Claim or Circumstance Details (continued)

(I) Please outline the details of the complaint made against you to the Legal Services Commissioner

Brief summary of Alleged Act or Omission:

Please provide a brief description of the circumstances which are the alleged cause of this notification.

(continue overleaf)

Acknowledgement

I have checked the information I have disclosed in this form and to the best of my knowledge I confirm that it is true, correct and complete.

I acknowledge that the information disclosed in this form is without prejudice to the rights of Lawcover to determine indemnity pursuant to the Lawcover PII policy.

I consent to the collection, use and disclosure of information as set out in Lawcover's Privacy Policy (lawcover.com.au/about-lawcover/privacy-policy.asp)

Signed

Date

Printed name

Position at Law Practice:

- ☐ Principal ☐ Former Principal ☐ Insured Solicitor ☐ Former Insured Solicitor
- ☐ Manager ☐ Other
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