**NIGERIAN AGRICULTURAL INSURANCE CORPORATION**

**NAIC HOUSE, PLOT 590, ZONE AO, CENTRAL BUSINESS DISTRICT, ABUJA**

WEBSITE: [www.naic.gov.ng](http://?)

EMAIL: [info@naic.gov.ng](http://?)

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PROFESSIONAL INDEMNITY CLAIM FORM

**IMPORTANT NOTICE:**

1. The issue of this claim form is not to be taken as an admission of liability by the insurer
2. The insured is requested to answer all questions fully and accurately as possible and return the form without delay. Dashes are insufficient.

DETAILS OF THE INSURED

Name of insured: -----------------------------------------------------------------------------------------------------------

Policy number: --------------------------------------------------------------------------------------------------------------

Address: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telephone number: ----------------------------------------------------------------------------------------------------------------

Email: ----------------------------------------------------------------------------------------------------------------------------------

DETAILS OF CLAIM

Please provide the contract /terms of engagement ith your client in addition to a brief summary of hat is being or likely to be alleged against you -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have you received a letter of complaint/claim? ( ) yes ( ) no

If so, please provide details and attached the letter ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

When did you perform the work out of which the claim arises or may arise? --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Who is the person within the firm or company, who actually perform the work or against whom the claim is directed? -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What is the person’s title, duties and contact details? -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have proceedings commenced If so, please attach a copy of the court documents-------------------------------------------------------------------------------------------------------------------------------------------------------------------------

On what date did you first become aware of the claim or the fact of circumstance? ----------------------------------------------------------------------------------------------------------------------------------------------------------------------

On what date did the claim or intimation of a claim made to you? ---------------------------------------------------

Was the first intimation of claim oral or in writing? If in writing, please attach a copy. --------------------------------------------------------------------------------------------------------------------------------------------------------------------

What amount if any, is being claimed? ---------------------------------------------------------------------------------------

If known, what does the amount comprise? --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DETAILS OF INSURED’S RESPONSE

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim? ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What are your comments in the quantum of the claim and what is your estimate of your potential monetary liability, if any to the claimant? -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Are there additional details about which you wish to advise or which may be of interest to an insurer, so that insurer will have a better understanding of this matter? If so, please provide details along with supporting documents ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have you instructed a solicitor or other lawyers to act for you? If so prove details. ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DECLARATION

I/We (Name in full) ----------------------------------------------------------------------------------------------------------------

(Position) ----------------------------------------------------------------------------------------------------------------------------

Declare that the details given on this form are true and complete to the best of my knowledge and acknowledge that the insurer may make its decision on indemnity having regards to these answers.

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Signature Date