GEMINIA INSURANCE COMPANY LIMITED
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PROFESSIONAL INDEMNITY
CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.

1.a) Name of Insured _____

b) Address _____

2.Name of Third Party _____

3.Present Address _____

4.Occupation of Third Party _____

5.Date of demand _____

6.Nature of demand/negligence _____

7.Give a brief description of the circumstances leading to the alleged negligence

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I/We declare the foregoing particulars to be true and correct and undertake to render assistance in my/our power in dealing with the matter.

Date _____ Signed _____

Address _____