



Martello Law

Claim Form

For PI, GL, and IT risks

Your Details

Your Full Name:

Your Contact Email:

Your Phone Number:

Insured Details

Name of Insured:

Name of Insured's Contact Person(s):

Primary Contact Email:

Primary Contact Phone:

Name of Claimant/ Potential Claimant:

Claimant Email:

Claimant's Solicitor and Contact:

Policy Number:-.....-.....

Tell Us What Happened

Date of Loss:/...../.....

Date of Claim Made:/...../.....

How many people performed work?

Name(s) of the people who performed work:

.....

.....

Are the person(s) an employee or sub-contractor?

What was the work performed giving rise to the claim or circumstance that might give rise to a claim?

Date Work Performed:/...../.....

Have you ever received a letter from the claimant or a solicitor regarding this claim?

Has there been a request for compensation? If so, please attach all relevant documentation.

Please provide the date upon which you received these claim documents:/...../.....

Incident Specifics

Date of Specific Incident(s):/...../.....

Were there any witnesses to the incident? If so, please provide their details:

Please provide the date upon which you first became aware of the claim or circumstance:/...../.....

What is the precise nature of the claim (ie. the claimant's allegation) or the fact or circumstance that might give rise to a claim?

Please ensure to attach any and all relevant documents, photos or emails.

By submitting this claim form, I declare that to the best of my knowledge no relevant information was withheld, and the information provided is true and correct.

I consent to Martello Law using any personal information I have provided on this form for the purposes of processing my claim.