

**CLAIM FORM
(PERSONAL LEGAL EXPENSES)**



Please note that the Insurers will not pay for fees, expenses or costs incurred by you before they have agreed to accept the claim.

Name of Policyholder: Policy Number:

Name of Insurance Intermediary who provided the Policy:

Name of Person Claiming:

Date of Birth of Person Claiming:

Occupation of Person Claiming:

Address:

Postcode:

Contact telephone number: Landline: Mobile:

Email Address:

How do you prefer to be contacted:

Do you have any other insurance policies, which may cover this claim: Yes No

If Yes, please provide details:

Please describe fully with dates, the dispute/incident and sequence of events (please continue on separate sheet):

.....
.....
.....
.....

If a sum of money is in dispute, what is the sum involved: £

Please give the name and address of the person(s)/company who are acting against you in the dispute/incident:

Name:

Address:

Postcode:

When and how were you first aware of the incident giving rise to the claim:

.....

Date you reported the details to the Claims Helpline:

.....

When and how were you first aware of possible legal action:

.....

What outcome do you hope to achieve in this matter:

.....

Have you seen a solicitor relating to this matter and if so please provide contact details and a summary of action to date:

.....

.....

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.

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 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

This claim form and accompanying documentation should be sent to:

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