

# Claim Form

Please complete this form in BLOCK CAPITALS, thank you.  
All Information will be treated in strictest confidence by Temple.

## For Notification of Legal Expenses Claims

- Please include copies of all correspondence with any parties regarding this claim. This is important if we are to consider your claim promptly.
- Any detailed answers to questions should be on a separate sheet and attached to this document.
- All material facts must be disclosed. A material fact is one that may influence the acceptance of this claim. If you are in any doubt as to whether something constitutes a material fact you should disclose it. **Non- disclosure of a material fact may invalidate any insurance policy.**
- Please note, under the policy terms, that you must not instruct a solicitor to act for you without the prior agreement of Temple and any costs incurred before written acceptance of the claim are not covered under the policy.

### 1. Details of Insured

a) Name:

b) Address:

c) Telephone Number:

d) Email

e) Name and position in the company of the person who we can contact regarding this claim:

f) Is the company VAT registered?

### 2. Details of your Broker

a) Name:

b) Address:

c) Telephone Number:

d) Email

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e) Name and position in the company of the person who we can contact regarding this claim:

### 3. Details of your Broker

a) Policy or certificate number:

b) Limit of indemnity or level of cover:

c) Inception date or Renewal date of cover:

### 4. Details of opposing party

Please provide details of the opposing party:

a) Name of the person or company you are in dispute with:

b) Address:

### 5. Details of the Legal Action

a) Please tick the area which, in your opinion, this claim relates to:

- |                                                         |                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Employment (Defending a claim) | <input type="checkbox"/> Employment (Pursuing a claim)               |
| <input type="checkbox"/> Tax and VAT                    | <input type="checkbox"/> Loss Adjuster Fees                          |
| <input type="checkbox"/> Legal Defence                  | <input type="checkbox"/> Jury Service & Witness Attendance Allowance |
| <input type="checkbox"/> Property Disputes              | <input type="checkbox"/> Contract Disputes or Debt Recovery          |
| <input type="checkbox"/> Data Protection                | <input type="checkbox"/> Statutory Licence                           |
| <input type="checkbox"/> Personal Injury                | <input type="checkbox"/> Motor Disputes                              |

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b) Have you sought legal advice from the Helpline? (If yes please give details)

c) Are you defending or making a claim against your Opponent?

d) If you are defending a claim, do you have a counterclaim against your Opponent? (if yes please give details)

e) Brief details of the dispute:

f) What do you hope to achieve using legal action (e.g. remedy sought, amount claimed)?

g) If your claim relates to an employment defence, please provide copies of relevant documents and all documents relating to all matters leading up to the claim.

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## Details of the circumstances giving rise to the claim

1. Date and means by which the Insured first became aware of the circumstances giving rise to the claim:  
(Please provide comments if the inception date and this date are relatively close, please also note that if you were aware of the circumstances prior to the inception date then the claim will not be covered)

2. Date and means by which you first became aware of possible legal action:

- 3) What is the date that you first notified us of the claim?  
(Please explain the reasons for delay, if there has been any)

## Declaration

You are reminded of your legal duty to inform us immediately of any matter that might influence us in deciding if your claim is valid. If you are unsure whether a matter might influence us, you must inform us immediately in writing. Failure to do so may result in your claim being invalidated.

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 above, could arise.

Insured's Signature:

Date

Print Name

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Please send this document and any supporting information

Email:  
[claims@temple-legal.co.uk](mailto:claims@temple-legal.co.uk)

Or by post to:  
Commercial Claims Department, Temple Legal Protection Ltd, One Bell Court, Leapale Lane, Guildford GU1 4LY

Claims Helpline:  
**01483 577877**

Please do not hesitate to contact us on our claims helpline number if you require any assistance when completing this form or would like to further discuss your claim.

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