

## NOTIFICATION OF CLAIM OR CIRCUMSTANCE FORM

**POST:** Law Mutual (WA)  
PO BOX Z5345, PERTH WA 6831

**EMAIL:** claims@lawmutualwa.com.au  
**IN PERSON:** The Law Society of Western Australia  
Level 4, 160 St Georges Terrace  
Perth WA 6000

**ENQUIRIES:** (08) 9481 3111

**FAX:** (08) 9481 3166

*Original copy not required. If sending by email, please scan and attach a signed copy of the completed form.*

### THIS NOTIFICATION FORM IS FOR THE PURPOSE OF NOTIFYING LAW MUTUAL (WA) OF:

- a) a claim against an Insured;
- b) circumstances that might give rise to a claim against an Insured.

Date of initial notification to Law Mutual (WA) (if prior to the date of this form):

## 1. LEGAL PRACTICE DETAILS

Legal Practice Trading Name:

Name of Legal Entity (if different):

Address:

Suburb:

State:

Postcode:

### PREFERRED CONTACT DETAILS (This should be a Partner\* or a Practitioner with good knowledge of the file).

Name:

Telephone:

Mobile:

Email:

\* Partner includes practitioner Director or practitioner held out to be a partner.

## 2. CLAIM OR CIRCUMSTANCE DETAILS

Name of the Partner or supervising Partner whose alleged act or omission is the cause (directly or indirectly) of this notification:

Name of Practitioner if their alleged act or omission is the cause (directly or indirectly) of this notification (there must be a supervising Partner if this part is completed):

Please state any conditions applying to any of the above Practitioners' registrations:

### CLAIMANT DETAILS

Name:

Address:

Suburb:

State:

Postcode:

Telephone:

Mobile:

Email:

## ENGAGEMENT DETAILS (WHERE CLAIMANT IS A CLIENT OR FORMER CLIENT)

Date on which engagement commenced:

Date on which engagement was finalised (if applicable):

Please provide a copy of your retainer agreement/s.

### CLAIMANT'S SOLICITORS' DETAILS

Solicitor with conduct of matter:

Name of Firm:

Address:

Suburb:

State:

Postcode:

Telephone:

Mobile:

Email:

### DETAILS OF ALLEGED ACT OR OMISSION

Date or range of dates when alleged act or omission occurred:

How many Partners were at the legal practice at that time:

Date on which your Legal Practice became aware of:

(a) The circumstances which might give rise to a Claim; or

(b) The Claim:

How your Legal Practice became aware of the circumstances or Claim:

If a Claim has been made, please advise your best estimate of the value of the Claim: \$

### OUTLINE OF CIRCUMSTANCES THE CAUSE OF THIS NOTIFICATION OR CLAIM

Please provide a brief description of the circumstances that are the cause of this notification or Claim:

Attach further documentation if this space is insufficient.

### Details of Top Up Insurance

Name of insurer or broker:

Dollar limit of cover: \$

## 3. ACKNOWLEDGEMENT

I have checked the information I have disclosed in this form and to the best of my knowledge I confirm that it is true, correct and complete.

I acknowledge that Law Mutual (WA) and its Underwriters will use the information disclosed in this form to determine entitlement to indemnity pursuant to the Law Mutual (WA) insurance arrangements.

I consent to the collection, use and disclosure of information disclosed in this form as set out in [Law Mutual \(WA\)'s Privacy Policy](#).

Signed:

Date:

Printed name:

Position at Legal Practice:

**LAW MUTUAL (WA) COLLECTION NOTICE:** Law Mutual collects the personal information contained in this form pursuant to the provisions of the *Privacy Act, 1988* and the Australian Privacy Principles. The information is collected by Law Mutual to enable it to administer and conduct its professional indemnity insurance arrangements and to provide its services and benefits to its members and the public. Those services and benefits are set out in detail on the Law Mutual's website ([lawmutualwa.com.au](http://lawmutualwa.com.au)). If the information collected in this form is not provided, Law Mutual may not be able to provide its services as effectively. Individuals who wish to access information held about them, who wish to make any complaints or who wish to obtain details about information which is disclosed by Law Mutual to overseas recipients may do so by accessing the Privacy Collection Notice located on Law Mutual's website or may contact Law Mutual's Privacy Officer.