

THE LEGAL DEFENCE UNION

Claim Form

Completed Claim Forms should be returned immediately via the Panel solicitor(where appropriate) to Professor David O'Donnell.

Notes:

A. This form must be completed if the LDU member wishes to make a claim under the Legal Defence Union Policy. It must be accompanied by any relevant documentation including, any written communication from the Scottish Legal Complaints Commission or the Law Society of Scotland.

B. Our specific written consent must be obtained before any payment will be made under the terms of our cover.

1. Name of Insured

2. Address

3. Contact (name and job title)

4. Is the Insured VAT registered?

Yes No

5.Name and address of other party of complainant involved

6. What does this claim relate to? Tick the appropriate box/boxes

A conduct complaint

A service complaint

7. Please give brief details of the act, omission or dispute giving rise to this claim

8. Specify the date on which the act, omission or dispute referred to in Question 7 was first committed, occurred or began

9. Specify the date on which the Insured first became aware of the act, omission, or dispute referred to in Question 7

10. Did the LDU member realise immediately that the allegations made might lead to a claim under the policy?

Yes No

If 'NO' when did the Insured first become aware that they might lead to a claim under the policy

11. Please give name and address of the Appointed Representative who is to represent the insured

Firm Name	
Address	
Contact Name	Tel

Declaration

I/We was/were not aware at the date of joining the LDU or renewing our membership that this claim, the details of which are set out above was liable to arise.

I/We declare that the above statements are true and complete

Signature

Name

Date