

Notification of claim or circumstance to LPLC

STRICTLY CONFIDENTIAL

LPLC's policy requires immediate written notice to be given by the law practice of any claim or circumstance which may give rise to a claim.

Please complete this form and forward to LPLC via the details listed below. Include a copy of any relevant documents and correspondence, as well as a summary of the events giving rise to the claim or potential claim, with this form. Please confine your notification to statements of fact (not opinion) and do not make any statements that might be interpreted as an admission of liability.

Complete and return by email or mail via the details below

E: claims@lplc.com.au

Head of Claims
Legal Practitioners' Liability Committee
Level 19, 140 William Street
Melbourne VIC 3000

Once notified, a representative of the Claims section at LPLC will contact you as soon as possible to discuss further details of the claim or circumstance and how best to address it.

* = required

Law practice details

1. Type of law practice* (check appropriate) Solicitor Barrister
2. Law practice entity name and Trading name* (only include Trading name if different to entity name)
3. Address (main office)* (number and street | suburb or town | state | postcode)
4. Contact person name* (for LPLC to obtain additional information)
5. Email*
6. Phone* (best contact number)

Claimant details

7. Full name of claimant or possible claimant*
8. Address of claimant or possible claimant* (number and street | suburb or town | state | postcode)
9. Full name and address of claimant or possible claimant's solicitor*

Brief details of (a) Claim OR (b) Circumstance

10. Has a claim for compensation or damages been made or intimated?* Yes No

If Yes, go to (a) Claim. If No, go to (b) Circumstance.

(a) Claim

A claim is a demand for, or assertion of a right to civil compensation of civil damages or an intimation of an intention to seek such compensation or damages.

11. Date claim made or intimated (DD/MM/YYYY)

12. Short description of the nature of the allegations made or anticipated (attach copies when submitting this form of any supporting documents detailing the claim – eg copy of letter of demand, legal proceedings etc)

13. Amount of claim or possible claim (if known) (Can be an approximate sum or 'unknown')

(b) Circumstance

A circumstance is an incident, occurrence, fact or matter which may give rise to a claim.

14. Short description of the circumstance that may give rise to a claim (attach copies when submitting this form of any supporting documents outlining the circumstance giving rise to the notification)

15. When and how did the law practice become aware of the circumstance?

(DD/MM/YYYY and short description)

Person(s) handling the matter at the time of the act or omission giving rise to this claim or circumstance

16. Name(s)* (full name(s))

17. Status* Principal Barrister Qualified Employee Consultant Clerk

18. In which State/Territory office did the alleged act or omission occur?*

(Select from dropdown below)

Top-up insurance

19. Does your law practice hold top-up insurance that may respond to the claim or circumstance?*

Yes No

You should notify top-up insurers of any claim or circumstance, however small. Notice to LPLC does not constitute notification to top-up insurers. Separate notification should be arranged through your insurance broker.

Acknowledgement and consent

20. Name of person submitting this form* (full name)

21. Position held at law practice*

22. Phone* (best contact number)

23. Email* (email address of person submitting this form)

To the best of my knowledge the information in this form is true, correct.

I acknowledge that LPLC receives this form without prejudice to its right to determine indemnity pursuant to the terms of the law practice's policy of insurance with LPLC.

I consent to the collection use and disclosure of the information disclosed in this form in accordance with [LPLC's Privacy Policy](https://lplc.com.au/about-us/privacy-policy) (<https://lplc.com.au/about-us/privacy-policy>).

If submitting this form by email: Please enter your name in the signature field below and email the form via your official practice email address to confirm your acknowledgement and consent.

Signature

Date (DD/MM/YYYY)

Legal Practitioners' Liability Committee

W: lplc.com.au

T: 61+ 3 9672 3800