



SAIPA PROFESSIONAL INDEMNITY

CLAIM FORM

GENERAL INFORMATION

This form, its contents, and all attachments are legally privileged to the Insured and its Insurers. It is intended for Insurers to obtain legal advice and/or assess the claim in preparation for possible litigation.

Please complete this claim form and send it to your broker, SANKOFA.

Once Leppard has received the completed and duly signed Claim Form, we will acknowledge receipt and provide your Broker with a claim reference number. Please quote this claim reference number in all future correspondence.

The information requested here is not intended to be an exhaustive list. Leppard and/or its agents acting on its behalf reserve the right to request any additional information deemed necessary while investigating the claim.

POLICY INFORMATION

Policy Number

Insurance Year

<input type="text"/>	<input type="text"/>
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INSURED DETAILS

SAIPA Member Name

SAIPA Membership Number



+27 11 459 1640



Claims@leppard.co.za



www.leppard.co.za



The Conservatory, Cnr Baker Str & Keyes Ave, Rosebank, Johannesburg

Contact Person Name

Identification Number

<input type="text"/>	<input type="text"/>
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Are you in Good Standing? (This Information will be verified by SAIPA)

YES

NO

Contact Person Tel No

Email Address

<input type="text"/>	<input type="text"/>
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Qualification Name

Years of Experience

<input type="text"/>	<input type="text"/>
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How Many Staff Members Do You Have?

DETAILS OF INCIDENT

When Did You First Become Aware of This Claim / Possible Claim?

Name of The Claimant / Third Party

Is The Claimant Represented by an Attorney?

YES

NO

UNKNOWN



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Has The Claimant Issued a Demand / Summons or Indicated an Intention to Claim?

YES NO

If YES. Please Provide Details

Quantum / Estimated Quantum of The Claim

Was a written Client Agreement entered into between the member / entity and the third party?

YES NO

if YES, please provide a copy

If YES did the Client Agreement provide a mediation / arbitration clause?

YES NO

If YES has the matter been referred to arbitration / mediation?

YES NO



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if YES, please provide details

Please indicate which category this claim / possible claim relates to

1. Failure to submit statutory returns to SARS	
2. Late Submission / filing of statutory returns to SARS	
3. Incorrect submission of statutory returns to SARS	
4. Failure to supply supporting documents to SARS	
5. Late payment of Provisional Tax, VAT, PAYE, or any other payments due to SARS	
6. Underestimation of Provisional Tax	
7. Payroll Error	
8. Incorrect Advice	
9. Other (please indicate)	

Please provide full details relating to incident and provide all correspondence/
documentation which is available

Please provide full details of the risk management measures that have been put in place
following this claim



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DECLARATIONS

I, the undersigned confirm that the above information is, to the best of my knowledge and belief, true and correct and I have disclosed all material facts.

By signing this form, I consent and authorise the sharing of the Claim Form, including the claim details and my identity, with SAIPA and its Professional Conduct Officer, subject to legal privilege.

Signed At _____ This _____ Day of _____,

For and behalf of the Insured: _____

Capacity: _____

INSURED'S OBLIGATION: This form must be submitted to your Insurance Broker.

SAIPA Professional Conduct Manager

SAIPA Finance Manager

Date



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