

Malpractice Insurance Claim Form

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Please return the completed form to
Claims Unit Manager
Professional Liability
Po Box 219 Parramatta NSW 2124
or piclaims@qbe.au

Important notice

Please read the Claim Form fully prior to answering the questions.

The Claim Form is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer.
All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.

Privacy consent notice

QBE's Privacy Policy describes how we collect, disclose, store and use your information and how you can access it, correct it or contact us to make a complaint. QBE may share your information with other QBE Group companies or with our authorised representatives and service providers, each of which may be based outside of Australia. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy of it you can phone us on 133 723 or request it from one of our authorised representatives or service providers.

By providing the information we've requested, you consent to QBE collecting, using and storing your information to issue, administer and manage the products and services you have or may wish to take with us in accordance with our Privacy Policy. If you've provided information about any other person, by submitting this form you confirm that you've let them know that you're providing their information and that you've obtained their consent to do so.

If you don't provide all of the information we've requested, we may be unable to issue you with a product or service or we may be unable to administer or manage it.

Sensitive Information

We have also asked you to provide us with sensitive information about yourself or others insured under this policy, which could include health information, criminal history or professional memberships. This information is required because it is relevant to our decision as to whether or not to issue the product wish to take out with us and the terms we may issue it to you on.

If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.

A. Details of insured establishment/practice

1. Full name of the insured				
Address of the insured				
		Postcode		State
Policy number/certificate (if known)				
Contact person				
	Phone		Fax	

B. Details of Claimant

2 (a). Full name of Claimant or potential Claimant (i.e. the party making the claim upon the insured)

(b). Address of the Claimant

	Postcode		State	

C. Details of the services provided

3 (a). What services were you providing to the Claimant?

(b). Was your agreement to provide services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

4. When did you provide the services out of which the claim arises or may arise?

5. Please provide the name of the person within your establishment/practice who actually performed the work or against whom the claim or potential claim is principally directed.

D. Details of claim or circumstance

6. (a). What is the precise nature of the claim or the fact or circumstance that might give rise to a claim?

(b). What injuries does the Claimant allege were caused by you?

D. Details of claim or circumstance

7. On what date did you first become aware of the claim or of such fact or circumstance?

8. On what date was the claim or the intimation of a claim first made against you?

9 (a). Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)

(b). If verbal, please give a "first person" account of the conversation.

10. What amount, if any, is claimed?

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E. Details of insured's response

11 (a). What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

(b). What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

E. Details of insured's response

12. Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

F. Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

	%	Between 0% and 100%)
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G. Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

I/We understand the claim may be refused if information is not true or is withheld.

I/We authorise QBE to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.

Date

Signature of Insured 2.

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Date

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