

MEDICAL MALPRACTICE CLAIM FORM

NOTES

1. It is MOST IMPORTANT that ALL QUESTIONS ARE ANSWERED where necessary. This will greatly assist us to process your claim as quickly as possible.
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

CLIENT DETAILS

Insured	<input type="text"/>		
Address	<input type="text"/>		
Contact Person	<input type="text"/>		
Telephone	(0) <input type="text"/>	E.mail	<input type="text"/>

THIRD PARTY DETAILS

Patient Name	<input type="text"/>		
Patient Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Patient No.	<input type="text"/>
Name if not Patient	<input type="text"/>		
Relationship to Patient	<input type="text"/>		

PARTICULARS OF INCIDENT

Date of Incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date you became aware of it	<input type="text"/> / <input type="text"/> / <input type="text"/>
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If the date of the incident is pre 1st July 1993, please notify the RHMU without delay.

Describe the incident in as much detail as possible, but avoid giving any opinion on fault or blame.

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

If the incident has clinical significance for the patient, have you considered advising them, and giving them and their GPs / Specialists / ACC follow-up Treatment options?

<input type="text"/>

Have you advised the patient about the ARCIC and the Patient Advocacy Service?

<input type="text"/>

IMPORTANT NOTICE

Please attach copies of any and all relevant correspondence. Please note however that this will not normally include patient notes or medical records, but will be confined to correspondence about the complaint. QBE will only request medical records in cases involving litigation and the like, and confirms that even then it does not retain copies. Medical records are sent by QBE to the relevant specialists for their expert opinions.

We remind you that your policy requires you to co-operate with our reasonable requests and allows us to assume the control of any claims notwithstanding your policy excess.

Please complete this form as fully as possible and if you have any queries about the extent of information required, call Richard Skelton on (09) 3088 561

SIGNATURE

This claim form has been completed by:

Name

Date /

Title

Signed