

Medical Malpractice Liability Claim Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- The Claim Form is to be completed and signed by the Chief Executive Officer, Managing Director or by a Partner, Director or Principal of the Insured.
- ALL questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Manager
Professional Liability Division
QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay #29-10
South Tower Singapore 048583

A. Details Of Insured Establishment/Practice

1. Full Name of Insured

Address of Insured

Contact Person

Policy Number/Certificate (if known)

Email

Telephone

Facsimile

B. Details Of Claimant

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

b) Sex of Patient

c) Date of Birth

d) Occupation

e) Age at Incident Date

f) Marital Status

g) Number of Dependents

h) Address of the Claimant

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 perform 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 services or against whom the claim or potential claim is principally directed.

D. Details Of Claim Or Circumstance

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

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.

E. Details Of Insured's Response

10. 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?

11. 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. Declaration

I,

(print name in full)

(print position in full)

of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that QBE may make its decision on indemnity having regard to these answers.

Signature	Date
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Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE’s products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583