

# 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 Wallich Street, #35-01,  
Guoco Tower, Singapore 078881

## 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?

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

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

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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.

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### **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?

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

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

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

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

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**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?

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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?

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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.

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**F. Declaration**

I,

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(print name in full)

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(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.

I/We have read and understood the Personal Information Collection Statement attached to this Claim Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone.  Yes  No

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Signature

Date

## G. Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
QBE Insurance (Singapore) Pte. Ltd.  
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881  
Email: [info.sing@qbe.com](mailto:info.sing@qbe.com)
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

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

QBE Insurance (Singapore) Pte Ltd  
1 Wallich Street, #35-01,  
Guoco Tower, Singapore 078881