

QBE Healthcare

Notice of Loss Claim form

Important notice

The issue of this claim form is not an admission of liability or coverage by QBE Insurance.

How to complete this form

- Please open this form using Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. After completing the form save it to your computer and attach it to an e-mail addressed to NewLossQBE@us.qbe.com.
- A QBE claim representative will contact you in 1 to 2 business days.

If this is an emergency or if you prefer to report your claim by telephone, please call 844.723.2526 (844-QBE-CLAIMS)

A. Agent/Person Reporting the claim

Agent/Name	Phone number	Phone type <input type="radio"/> Mobile/Cell	<input type="radio"/> Home/Office
Date	Relation to insured <input type="radio"/> Insured	<input type="radio"/> Agent/Broker	<input type="radio"/> Other _____

B. Insured's details (Policy holder) same as Person reporting the claim

Insured's name:	Policy number:	
Email address:	Phone number:	
Street address:	Apt/Suite number:	
City:	State:	Zip:

C. Contact information same as insured's details

Name:	Phone Number:	
Email Address:	Alternate phone:	
Street Address:	Apt/Suite. Number:	
City:	State:	Zip:
Relationship to Insured <input type="radio"/> Insured	<input type="radio"/> Agent/Broker	<input type="radio"/> Other
Best number to contact	When to contact <input type="radio"/> AM	<input type="radio"/> PM



D. Circumstances of Loss/Incident

Date of loss/incident: _____ Approximate time: _____ AM PM

Describe how loss/incident occurred (attach additional documents if needed):

Location of Loss/Incident same as insured's address
Street Address: _____ Apt./Suite number: _____
City: _____ State: _____ Zip: _____

E. Claimant Information

Claimant/Plaintiff Name: _____
Claimant/Plaintiff Address: _____
Street Address: _____ Apt./Suite number: _____
City: _____ State: _____ Zip: _____
Claimant/Plaintiff Date of Birth: _____
Sex Male Female
Role Patient Visitor

F. Documents Received by Insured (Check all that apply)

Status	Date Received By Insured
<input type="radio"/> Notice of potentially compensable event	
Medical Record Request	
<input type="radio"/> Requestor Patient/Attorney	
<input type="radio"/> Requestor Other	
<input type="radio"/> Attorney Lien/Claim Letter	
Lawsuit	
<input type="radio"/> Date of Service	
<input type="radio"/> Date Filed	

Attach a copy of the following information (if not available you may be asked for this information at a later date)

- Notice of potentially compensable event
- Medical Record Request
- Attorney Lien/Claim Letter
- Lawsuit
- Documents to describe loss/incident
- Other documents related to the loss/incident



QBE

QBE
One General Drive, Sun Prairie, WI 53596
Claim Reporting: Phone: 8447232526 | NewLossQBE@us.qbe.com
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G. Enclosures

Save the completed form to your computer and then attach it to an e-mail addressed to
NewLossQBE@us.qbe.com. Attach copies of any pertinent documents you have.



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