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 O Mobile/Cell	O Home/Office
Date	Relation to insured O Insured	O Agent/Broker	O Other ________________

B. Insured's details (Policy holder) O 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 O same as insured's details

Name:			Phone Number:
Email Address:			Alternate phone:
Street Address:			Apt/Suite. Number:
City:	State:	Zip:	
Relationship to Insured O Insured	O Agent/Broker	O Other	
Best number to contact		When to contact	O AM O PM

QBE
One General Drive, Sun Prairie, WI 53596
Claim Reporting: Phone: 844.723.2526 | NewLossQBE@us.qbe.com
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D. Circumstances of Loss/Incident

Date of loss/incident:

Approximate time: O AM O PM

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

Location of Loss/Incident O same as insured's address

Street Address: Apt./Suite number:

City: State: Zip:

E. Claimant Information

Claimant/Plantiff Name:

Claimant/Plantiff Address:

Street Address: Apt./Suite number:

City: State: Zip:

Claimant/Plantiff Date of Birth:

Sex	O Male	O Female
Role	O Patient	O Visitor

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

Status **Date Received By Insured**

O Notice of potentially compensable event

Medical Record Request

- O Requestor Patient/Attorney
- O Requestor Other

O Attorney Lien/Claim Letter

Lawsuit

- O Date of Service
- O 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

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 pertainent documents you have.