



QBE

MEDICAL MALPRACTICE LIABILITY INSURANCE

CLAIM FORM

IMPORTANT NOTICE:	
<ul style="list-style-type: none"> 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: 	
<p>Claims Department QBE Insurance (Vietnam) Ltd Suite 1302 A The Metropolitan, 235 Dong Khoi St, Dist 1, HCMC Vietnam Tel : + 848 3 8245050 Fax : +848 3 8245054</p>	<p>Hanoi Branch Room 701, North Star Building, No 4 Da Tuong, Hoan Kiem District, Hanoi Vietnam Tel : + 844 3 9428668 Fax : +844 3 9428669</p>

A. DETAILS OF INSURED ESTABLISHMENT/PRACTICE

1. Full Name of Insured			
Address of the Insured			
Contact Person			
Policy Number/Certificate (if known)			
Telephone Number		Facsimile Number	

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) No of Dependents		
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.
10.	What amount, if any, is claimed?

E. DETAILS OF INSURED'S RESPONSE

11. (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?

12. 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

