

Notification/Claim Form

In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero Liability Insurance Limited.

This form must be completed by a person authorised to do so on behalf of the Policyholder / Insured.

All questions must be answered as fully as possible (use additional pages if necessary).

Insured Details

Insured Name

Postal Address

Postcode

Telephone

Contact Person

Direct Dial

E-mail

Policy Details

Policy Number

Limit of Indemnity \$

Excess \$

Broker/Agent

Third Party Details

Patient/Claimant Name

Is more than one patient involved?

Yes ☐ No ☐

If Yes, please provide details

Relevant Dates

Date accident/possible error occurred giving rise to complaint, claim or possible claim

Date complaint, claim or intimation of claim first made

Date Insured first became aware of complaint, claim or possible claim

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Vero Liability, have you advised the previous insurer?

Yes ☐ No ☐

Nature of Claim or Circumstance

Explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability

Adverse patient checklist

Does the adverse event have clinical significance for the patient? Yes ☐ No ☐

Has the patient and their GP been advised of the event? Yes ☐ No ☐

Has the patient received advice about follow-up treatment options? Yes ☐ No ☐

Has the patient been advised of patient advocacy services? Yes ☐ No ☐

If Yes to any of the above question, please provide details

External agencies

Is any investigation being conducted by?

- | | | |
|---|---|--|
| <input type="checkbox"/> Professional Body | <input type="checkbox"/> Coroner | <input type="checkbox"/> Police |
| <input type="checkbox"/> Privacy Commissioner | <input type="checkbox"/> ACC Misadventure Committee | <input type="checkbox"/> H&DC Commissioner |
| <input type="checkbox"/> Insured | <input type="checkbox"/> Other | |

Have you prepared a draft press release as part of a PR strategy? Yes ☐ No ☐

Have you taken advice from your solicitor? Yes ☐ No ☐

If Yes to any of the above question, please provide details

Quantum at Issue

Amount of claim or estimate of claimant's alleged loss

\$

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete the details below. You will be advised if a payment has been made following acceptance of your claim

Do you wish to use this facility

Yes ☐ No ☐

Name of account

I/We authorise payment to be made into this bank account.

Bank

Branch

Account

Suffix

Declaration / Privacy Act 2020

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct and I/We have not withheld or mis-stated any material information which may directly or indirectly affect this claim.

I/We

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by Vero Liability, Auckland so that you can evaluate my/our claim;
- (c) authorise you to obtain details of claims made by me/us under policies with other insurers and personal information about me/us that is in your view potentially relevant to this claim;
- (d) understand that I/we have certain rights of access to and correction of the personal information held by you.

This information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of Policyholder / Insured

Date

Vero Liability Insurance Limited

Private Bag 92055 Auckland New Zealand

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www.veroliability.co.nz