

medical malpractice notification claim form

Vero Liability Insurance Limited
Private Bag 92055
Auckland
New Zealand



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).

1. policyholder(s) / insured details

| | | | |
|----------------|----------------------|--------------|----------------------|
| Insured Name | <input type="text"/> | | |
| Postal Address | <input type="text"/> | | |
| Telephone No | <input type="text"/> | Facsimile No | <input type="text"/> |
| Contact Person | <input type="text"/> | Email | <input type="text"/> |

2. policy details

| | | | | | |
|-----------------------------|--|--------------------|--|--------|-------------------------|
| Policy Number | <input type="text"/> | Limit of Indemnity | \$ <input type="text"/> | Excess | \$ <input type="text"/> |
| Broker/Agent | <input type="text"/> | | | | |
| Current Period of Insurance | <input type="text"/> / <input type="text"/> / <input type="text"/> | to | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

3. third party details

| | |
|--------------------------|--|
| Patient/Claimant Name | <input type="text"/> |
| | (Please advise if more than one patient is involved) |
| Patient/Claimant Address | <input type="text"/> |

4. key dates

| | |
|--|--|
| Date possible error occurred that gave rise to complaint, claim or possible claim | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Date complaint, claim or intimation of claim first made | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Date Insured first became aware of complaint, claim or possible claim | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| If you were aware of the existence of the complaint, claim or possible claim prior to insuring with Vero Liability Insurance Limited, have you advised the previous insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. nature of claim or circumstance

Explain the background events giving rise to complaint, claim or possible claim (use additional pages if necessary)

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

5. nature of claim or circumstance (continued)

6. adverse patient checklist

- a) Does the adverse event have clinical significance for the patient? Yes No
- b) Has the patient and his/her GP been advised of the event? Yes No
- c) Has the patient received advice about follow-up treatment options? Yes No
- d) Has the patient been advised of patient advocacy service? Yes No

If you have answered **YES** in respect of b), c) or d) above, please attach copies.

7. external agencies

- a) Is any investigation being conducted by?
 Insured Professional Body Coroner Privacy Commissioner
 Police ACC Misadventure Committee H&DC Commissioner Other
- b) Have you prepared a draft press release as part of a PR strategy? Yes No
- c) Have you taken advice from your solicitors? Yes No

If you have answered **YES** in respect of b) or c) above, please attach copies.

8. declaration / privacy act 1993

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;
- (e) authorise the disclosure of information regarding this claim to other insurers, brokers and lawyers.

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
Telephone 09 306 0350 Facsimile 09 306 0351

www.veroliability.co.nz