Care Liability

Care Providers Professional Indemnity and Malpractice Claim Form

VBREL0121

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to
Pen Underwriting
Care Liability Claims
GPO Box 541
Brisbane QLD 4001
claims.au@penunderwriting.com

PRIVACY
Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.
Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

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1. Details of the Insured

(a) Full Name: .....

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(b) Address: .....

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(c) Contact Person: .....

(d) Telephone: .....

(e) Facsimile: .....

(f) Email: .....

(g) Period of Insurance: From: ..... at 4pm

To: ..... at 4pm

(h) Policy Number: .....

(i) Broker Name: .....

(j) Broker Contact Person: .....

(k) Telephone: .....

(l) Fax: .....

(m) Email: .....

(n) For claim settlement purposes (in accordance with GST Legislation) please advise your:

(i) Registered Business Name for this Policy: .....

(ii) ABN Number: .....

(iii) Input Tax Credit entitlement: .....%

2. Details of Injured Party

(a) Full Name of the Claimant or Potential Claimant (ie. The person bringing the action against the Insured: .....

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.....

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Status of Claimant

☐ Patient ☐ Resident ☐ Volunteer ☐ Staff ☐ Visitor ☐ Other (describe): .....

(b) Name: .....

(c) Age: .....

(d) Gender: ☐ Male ☐ Female

(e) Room Number / Unit Number (if applicable): .....

3. Claim / Potential Claim Details

(a) What is the precise nature of the claim or the fact or circumstance that might give rise to a claim: .....

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(b) What injuries does the Claimant allege were caused by the Insured:.....

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(c) Name of Witness(es):

Surname	*Given Name*
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(d) Action taken at the time that the incident became known:.....

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(e) Doctors Report (Assessment following incident)

(i) Details:

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(ii) Time seen by doctor: ..... am / pm

(iii) Next of kin notified: ☐ Yes ☐ No

(iv)	Name	Signature	Date
Doctor	.....	.....	.....
Charge Nurse on Duty	.....	.....	.....

Director of Nursing ....

OHS Coordinator ....

(v) On what date did you become aware of the claim or the fact or circumstance?.....

(vi) Has a claim been made or intimated against the Insured? ☐ Yes ☐ No

If **Yes**,

- On what date was the claim first made or intimated against the Insured? .....
- Was the claim or intimation of a claim verbal or in writing? ☐ Verbal ☐ Written

  If **Verbal**, please give a "first person" account of the conversation: .....

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  If **Written**, please attached a copy.

If **No**, the Insurer will treat this notification as a report only and take no action at this time. However should there be any developments you must notify the Insurer as soon as you become aware of these developments.

(vii) What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

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DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date: .....

Full Name:.....

Title: .....