

CARE PROVIDERS

Professional Indemnity and Malpractice Incident Report and Claim Form



IMPORTANT NOTICES

Send your completed Claim Form to

Pen Underwriting
Care Claims
PO Box 230
Collins Street West
Melbourne VIC 8007

careclaims@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 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.

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
Email: ldraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

General Insurance Code of Practice

Pen Underwriting proudly supports the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from us upon request or from www.codeofpractice.com.au

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Suite 1105, Level 11, 99 York Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

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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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Status of Claimant

- Patient Resident Volunteer Staff Visitor
- Other (please 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):

<i>Surname</i>	<i>Given Name</i>
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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)

(a) Details:

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

(c) Next of kin notified: Yes No

(d)	Name	Signature	Date
	<i>Doctor</i>
	<i>Charge Nurse on Duty</i>
	<i>Director of Nursing</i>
	<i>OHS Coordinator</i>

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

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

If **Yes**,

(a) On what date was the claim first made or intimated against the Insured?

(b) 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.

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(h) 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 am authorised on behalf of the Insured(s) to make this Declaration
- I have read and understood the Important Notices on this Claim Form
- The answers and information given in this Claim Form are true and accurate and I have not withheld any significant information
- I have read the Pen Underwriting Privacy Statement on this Claim Form and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature:.....

Date:

Full Name:.....

Title: