

## Medical Malpractice Insurance Claim Form

( Issuing this form does not constitute an admission of liability on the part of the Company )

### Part I – The Insured

Name of Insured : \_\_\_\_\_ Major / Hospital : \_\_\_\_\_

Policy No. : \_\_\_\_\_ Effective date of the Policy : From : \_\_\_\_\_ To : \_\_\_\_\_

#### Address :

**Wasel** Zone: \_\_\_\_\_ City: \_\_\_\_\_ District: \_\_\_\_\_ Street: \_\_\_\_\_

Building No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Additional No.: \_\_\_\_\_

**Postal Add.** City: \_\_\_\_\_ P.O. Box \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Email : \_\_\_\_\_ Mobile : \_\_\_\_\_

### Part II - The Patient (Claimant)

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex :  Male  Female

Medical File No. : \_\_\_\_\_ Name of hospital : \_\_\_\_\_

#### Medical Treatment Period

Admission date : \_\_\_\_\_ Discharge date : \_\_\_\_\_ Date of Surgery : \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Explain briefly the Medical Treatment provided to the Patient and its results (Please advise the role of the insured in this treatment) :

\_\_\_\_\_

\_\_\_\_\_

Was the condition of the Patient during or after the treatment might cause a complaint against you ?  Yes  No

Did you receive any verbal or written advise from any person or party regarding any complaint against you ?  Yes  No

### Part III - The Complaint

Name of Claimant : \_\_\_\_\_ Date of Complaint : \_\_\_\_\_

When did you come to know about it ? \_\_\_\_\_

Who is investigating ? \_\_\_\_\_

Name of Physicians/ Consultants participating in the treatment ? \_\_\_\_\_

\_\_\_\_\_

When and how did you receive the Complaint ? \_\_\_\_\_

### Declaration

I/We declare to the best of my/our knowledge and belief that the foregoing particulars are true and correct.

Signature of Claimant : \_\_\_\_\_ Date : \_\_\_\_\_

**NOTE** – please attach the following supporting documents:-

- Detailed Medical Report.
- Copy of all correspondences exchanged between you and any party about this claim including the concerned Authority who will investigate the complaint.
- Ministry of Health's letter
- Medical Committee / Court verdict