



Malaysian Medical Indemnity Insurance

Claims Notification Form

**MALAYSIAN MEDICAL INDEMNITY INSURANCE
CLAIMS NOTIFICATION FORM**

**Managed by Aon Insurance Brokers (Malaysia) Sdn Bhd (7544-A)
Insured by Consortium of Local Insurers**

Important Information

If you become aware of a potential circumstance that may lead to a claim against you or when you receive a letter of demand, legal threat or writ of summon during the policy period relating to your medical services rendered to patients, please notify Aon as soon as practicable. For further details, please refer to Aon's Doctor's Handbook and Claims Protocol.

SECTION A : PERSONAL DETAILS

- 1 Full Name of Insured
- 2 Mobile Telephone No.
(*compulsory*)
- 3 Telephone No.
- 4 Fax No.
- 5 E-mail

SECTION B : PATIENT'S DETAILS

- 1 Full Name
- 2 Gender Male Female
- 3 Occupation
- 4 Date of Birth
- 5 Date(s) of Treatment
- 6 Admission Diagnosis

SECTION C : DETAILS OF CLAIM OR CIRCUMSTANCE

- 1 Date of Incident
- 2 Details of Medical staff and Doctor Involved
- 3 Details on any other parties involved
- 4 Have any other parties been notified?
- 5 What medical services were you providing to the patient?
- 6 What is the nature of the claim or circumstance that may give rise to a claim?

7 When did you first become aware of the claim or of such fact or circumstance?

8 When was a formal complaint or claim made against you?

9 Was the complaint or claim in verbal or in writing? (If it is in writing, please attach a copy)

SECTION D : SUPPORTING DOCUMENTS

Please furnish and indicate the following documents attached

Letter of Demand/ Complaint Letter(s)/ Written Email or Notes of Verbal Complaint

All relevant records of medical file notes

Responses to the Complaint

Patient's Lawyer's correspondences

Any issued proceedings

SECTION E : DECLARATION

I hereby declare and warrant that after enquiry, all the statements and particulars contained in this proposal are true, and no information whatsoever has been withheld which might increase the risk of the insurers or influence the acceptance of this proposal and should the above particulars alter in any way, I will inform the insurer as soon as it is practicable. I understand that failure to disclose any material fact which would be likely to influence the acceptance and assessment of the proposal may result in the insurer refusing to provide indemnity or will invalidate the policy in every respect.

I agree and accept that this declaration shall be basis of contract between myself and the insurer upon the acceptance by myself of the quotation afforded by the insurer.

Signature

dd / mm / yy

FOR FURTHER INFORMATION, PLEASE CONTACT:

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