



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

Signature

dd / mm / yy

FOR FURTHER INFORMATION, PLEASE CONTACT:

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