

Medical Malpractice Notification Claim Form

Please complete this form to the extent possible.

Please note that information provided in this form will be used to assess the claim you are making and the accuracy of this information will be relied on by insurers.

Insured Details

Policy Number	
Name of Insured	
Contact Name	
Contact Address	
Contact Phone	
Contact Email	

Incident Details

Name of (potential) claimant(s)	
Claimant Address	
Name of Contact	
Occupation	
Date(s) of attendance for care of date of incident	
Date of incident out of which a claim has been made or might be made against the insured (please attach documentation)	

<p>Date when the insured first became aware there existed a set of circumstances which may result in a claim being made against them</p>	
<p>Date when the insured first received notice of intention of any party to make a claim</p>	
<p>Please provide details of the facts or circumstances and/or allegations giving rise to this notification (please attach documentation)</p>	
<p>Please provide your estimate of possible damages or the potential amount of any claim</p>	

Please attach the following (If available)

1. Letter of demand or complaint
2. Court proceedings (all documents filed)
3. Incident report
4. Clinical notes
5. File notes of any conversation concerning the claim

Please submit the completed claim form and supporting information to

<p>Email:</p>	<p>mable.aus@hmdi.com.au</p>
<p>Phone:</p>	<p>1300 622 531</p>

Privacy Statement

DWF Claims is committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing this claim. We may need to provide that information to your brokers or representatives, to your underwriters, their reinsurers (and their representatives) and those that we (or they) appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with the personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purpose for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Declaration

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information. I/we consent to DWF CLAIMS and my/our insurers using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we consent to DWF CLAIMS and my/our insurers disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisers. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact.

Name	
Date	
Signature	

Insurers ("we" and "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and versions of this statement in other languages, the English version shall prevail.

PRIVACY POLICY

Insurers take your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. Insurers take precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purpose. Insurers imposes very strict sanction controls and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We

do not allow them to use such information for any other purpose. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products (“the Product”) that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for below **obligatory purposes**. Failure to supply such data for obligatory purpose may result in insurers being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies;
- any other company carrying out insurance or reinsurance related business;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to insurers.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please ask for contact details of the Data Protection Officer.