



Medical Practitioner Professional Indemnity Insurance

CLAIM FORM

Notification of a claim or circumstance that may give rise to a claim

INSURED DETAILS

Policy Number:

Name of Insured :

Address:

State:

Postcode:

Contact Person:

Telephone Number:

Email Address:

ABN:

Details of the Claim or Circumstances

Full name of the claimant/potential claimant:

Claimant Address:

State:

Postcode:

Name of Contact:

Occupation:

Date(s) of attendance for care or date of incident:

Please provide details of the claim or circumstances that might give rise to a claim:

On what day did you become aware of the claim or circumstance?

What, if any, compensation is claimed?

Please provide any additional information that may assist our understanding of the matter:

GST

Are you registered for GST?

Yes NO

What is your ABN?

Have you claimed or intend to claim any input tax credit on the GST component of the premium applicable to the policy?

Yes NO

Will you be claiming an amount less than 100%?

Yes NO

Amount Claimed: %

DECLARATION

I hereby declare, for and on behalf of the Insured, that the foregoing statements are true and correct:

Signature of Principal/Partner/Director:

Name:

Position:

Date:

Please attach the following (if available):

1. Letter of demand
2. Court proceedings (all documents filed)
3. Clinical notes
4. File notes of any conversations concerning the claim

Email: healthcareclaimsaustralia@bhspecialty.com

Mail: Berkshire Hathaway Specialty Insurance
GPO Box 650
Sydney NSW 2001

Phone: 1300 938 991 (24 hours)

Website: www.bhspecialty.com

PRIVACY

We are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any **Claim** made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your **Claim**.

We will only use your personal information in accordance with the *Privacy Act 1988* (Cth) and for the purposes outlined above.

We may disclose your personal information to third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, the United Kingdom, New Zealand and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <http://www.bhspecialty.com/privacy-policy.html>, or contact our Chief Risk Officer by email to australasia.privacy.compliance@bhspecialty.com.

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.

COMPLAINTS

We will do everything possible to provide a quality service to you. However, we recognise that occasionally there may be some aspect of our service or a decision we have made that you wish to query or draw our attention to. We have a complaints and dispute resolution procedure which undertakes to deal with your complaint promptly. It is important to follow the complaint handling process so we are able to resolve your concern effectively.

Contact Us

If you would like to make a complaint, please contact us. In most cases we will be able to resolve the matter. If we cannot, you will be referred to a manager who will attempt to resolve the matter. A response will be provided within fifteen (15) business days.

Independent Internal Review

If you are dissatisfied with how your complaint has been resolved, you can escalate your complaint to our Internal Dispute Resolution (IDR) department who will review the decision independently. You may be asked to put your complaint in writing to us.

You can contact our IDR department by:

Email: Complaints.Australia@bhspecialty.com

Post: Berkshire Hathaway Specialty Insurance
GPO Box 650, Sydney NSW 2001

The IDR department will contact you with a decision within fifteen (15) business days of receiving your complaint.

Review By The Financial Ombudsman Service

In most cases we can resolve any problems our customers have but if you remain dissatisfied with how we have resolved your concern you can contact the Financial Ombudsman Service (FOS) for an independent external review at no cost to you. We are bound by any determination by FOS but the decision is not binding on you.

FOS can be contacted by:

Phone: 1300 780 808

Fax: (03) 9621 2060

Email: info@fos.org.au

Post: Financial Ombudsman Service
GPO Box 3, Melbourne VIC 3001

Web: www.fos.org.au