## medical malpractice notification

Vero Liability Insurance Limited Private Bag 92055 Auckland New Zealand



In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero Liability Insurance Limited.

This form must be completed by a person authorised to do so on behalf of the Policyholder / Insured.

All questions must be answered as fully as possible (use additional pages if necessary).

1. policyholder(s)	) / insured de	etails										
Insured Name												
Postal Address												
Telephone No						Facsimile No						
Contact Person						Email						
2. policy details												
Policy Number				Limit of Inde	emnity	\$			Excess	\$		
Broker/Agent												
Current Period of Insura	nce		/	/	to	/	/					
3. third party det	tails											
Patient/Claimant Name	Patient/Claimant Name											
(Please advise if more than one patient is involved)  Patient/Claimant Address												
4. key dates												
Date possible error occurred that gave rise to complaint, claim or possible claim									/	/		
Date complaint, claim or intimation of claim first made									/	/		
Date Insured first became aware of complaint, claim or possible claim								/	/			
If you were aware of the existence of the complaint, claim or possible claim prior to insuring with Vero Liability Insurance Limited, have you advised the previous insurer?												
5. nature of clair	m or circums	stance										
Explain the background events giving rise to complaint, claim or possible claim (use additional pages if necessary)  Please attach copies of supporting correspondence and/or documentation  Please refrain from offering any view about fault, blame or liability												

## medical malpractice notification



J. I	nature of claim	or circumstance	e (continued)					
6. a	adverse patien	t checklist						
a) Do	oes the adverse e	vent have clinical si	ignificance for the pation	ent?			☐ Yes	□ No
b) Ha	as the patient and	l his/her GP been a	dvised of the event?				☐ Yes	□ No
c) Ha	as the patient rec	eived advice about	follow-up treatment op	tions?			☐ Yes	□ No
d) Ha	as the patient bee	en advised of patien	t advocacy service?				☐ Yes	□ No
If you ha	ave answered <b>YE</b> S	<b>S</b> in respect of b), o	c) or d) above, please a	attach copies.				
7. e	external agenci	ies		<u> </u>				
a) Is	any investigation	being conducted b	y?					
	Insured	☐ Professional B	ody	☐ Coroner		Privacy	Commissioner	
_	Police	☐ ACC Misadven	ture Committee	☐ H&DC Commissioner		Other		
			ture Committee se as part of a PR strat			Other	☐ Yes	□ No
b) Ha	ave you prepared		se as part of a PR strat			Other	☐ Yes	□ No
b) Ha	ave you prepared ave you taken adv	a draft press releas	se as part of a PR strat	egy?		Other		
b) Ha c) Ha If you ha	ave you prepared ave you taken adv ave answered <b>YE</b> S	a draft press releas	se as part of a PR strat	egy?		Other		
b) Ha c) Ha If you ha 8. c	ave you prepared ave you taken advave answered <b>YE</b>	a draft press release vice from your solicities of in respect of b) or vivacy act 1993	se as part of a PR strat itors? r c) above, please atta	egy?  ch copies.  particulars are complete and			☐ Yes	□ No
b) Ha c) Ha If you ha  8. c  I/We dec material I/We	ave you prepared ave you taken advance answered <b>YE</b> :  declaration / preclare that to the ball information which	a draft press release vice from your solicit S in respect of b) or rivacy act 1993 pest of my/our know th may directly or in	se as part of a PR strat itors? r c) above, please atta wledge and belief these adirectly affect this clai	egy?  ch copies.  particulars are complete and			☐ Yes	□ No
b) Ha c) Ha If you ha  8. c  I/We dec material  I/We (a) ag (b) ur	ave you prepared ave you taken advave answered <b>YE</b> declaration / procedure that to the black information which gree to give any finderstand you rec	a draft press release vice from your solicities in respect of b) or rivacy act 1993 best of my/our know th may directly or in- further information of quire this personal in	se as part of a PR stratitors?  r c) above, please atta  wledge and belief these directly affect this clait that may be required; nformation, which will	egy?  ch copies.  particulars are complete and	correc	at and I/W	☐ Yes  /e have not withhe	□ No
b) Ha c) Ha If you ha If you ha I/We dec material I/We (a) ag (b) ur (c) au via (d) ur	ave you prepared ave you taken advave answered <b>YE</b> :  declaration / preclare that to the blacker information which gree to give any form the properties of the potentially related that I/N and that I/N average and that I/N average are some potentially related to the potential to the p	a draft press release vice from your solicits in respect of b) or vivacy act 1993 best of my/our knows the may directly or infurther information in quire this personal in the present of the country of	se as part of a PR stratistors?  Tr c) above, please attanded in the service of a property affect this claim that may be required; information, which will me made by me/us under this of access to and co	egy?  ch copies.  e particulars are complete and m.  be retained by Vero Liability,	Correct Auckla and penation	nd so tha ersonal in	Yes  Ye have not withher  t you can evaluate formation about m	□ No
b) Ha c) Ha If you ha  8. c  I/We dec material  I/We (a) ag (b) ur (c) au via (d) ur (e) au	ave you prepared ave you taken advave answered <b>YE</b> :  declaration / preclare that to the bill information which are to give any for the preclaration of the preclaration of the preclaration of the preclaration which are to give any formation which are to give any formation with the preclaration of the prec	a draft press release vice from your solicities s in respect of b) or rivacy act 1993 coest of my/our know the may directly or in further information of quire this personal in obtain details of claim levant to this claim; we have certain right osure of information	se as part of a PR stratestors?  Tr c) above, please attanowledge and belief these adirectly affect this claim that may be required; information, which will not made by me/us under the strategy of access to and contract that the strategy of access to and contract the strategy of access to and contract the strategy of access to a strategy of a strategy of access to a strategy of access to a strategy of a strategy of access to a strategy of access to a strategy of a strat	egy?  ch copies.  e particulars are complete and m.  be retained by Vero Liability, er policies with other insurers rrection of the personal inform	Auckla and ponation lawyer	nd so tha ersonal in held by yo	Yes  Ye have not withher  t you can evaluate formation about mou;	□ No
b) Ha c) Ha If you ha  8. c  I/We dec material  I/We (a) ag (b) ur (c) au via (d) ur (e) au This info	ave you prepared ave you taken advave answered <b>YE</b> :  declaration / preclare that to the bill information which are to give any for the preclaration of the preclaration of the preclaration of the preclaration which are to give any formation which are to give any formation with the preclaration of the prec	a draft press release vice from your solicits of in respect of b) or vivacy act 1993 on the may directly or information for the personal interest of claim; we have certain right or or information to this claim; we have certain right or or information of the may directly or information to the claim; we have certain right or or information of the directly or information of the control of the con	se as part of a PR stratestors?  Tr c) above, please attanowledge and belief these adirectly affect this claim that may be required; information, which will not made by me/us under the strategy of access to and contract that the strategy of access to and contract the strategy of access to and contract the strategy of access to a strategy of a strategy of access to a strategy of access to a strategy of a strategy of access to a strategy of access to a strategy of a strat	ch copies.  particulars are complete and m.  be retained by Vero Liability, er policies with other insurers rrection of the personal inform o other insurers, brokers and	Auckla and ponation lawyer	nd so tha ersonal in held by yo	Yes  Ye have not withher  t you can evaluate formation about mou;	□ No

Vero Liability Insurance Limited

Private Bag 92055 Auckland New Zealand Telephone 09 306 0350 Facsimile 09 306 0351

www.veroliability.co.nz