First Notification Form For Medical Professional Liability Claims

Privileged & Confidential
Prepared For Underwriters And/Or Their Legal Representatives
In Contemplation Of Actual Or Anticipated Legal Proceedings

To be completed by Risk Manager/Company Secretary/Legal/Claims Department or similar person responsible for claims handling. Underwriters require the following basic information in order to confirm Policy response on new notifications and for compliance with Practice directions and Pre-action Protocols issued and approved from time to time by the Civil courts.

If you require more space for any of the answers, please use the 'Further Comments field on the 3rd page.

1. Insured:

2. The MPLC Policy Number:

3. Individual Member or Location:

4. Date of receipt of first communication or verbal complaint from third party: DD / MM / YYYY

5. Date of Writ/Proceedings: DD / MM / YYYY
(If applicable)

6. Date Incident Report Completed DD / MM / YYYY

7. Patient's Name: Surname: Forename:

8. Sex of Patient: MALE ☐ FEMALE ☐

9. Date of Birth: DD / MM / YYYY

10. Occupation:

11. Age at Incident Date:

12. Marital Status: SINGLE ☐ MARRIED ☐ DIVORCED ☐
SEPARATED ☐ WIDOWED ☐ COMMON LAW ☐

13. Number of Dependants:

14. Date of Admission: DD / MM / YYYY

15. Date(s) of Treatment: From: DD / MM / YYYY To: DD / MM / YYYY

16. Date of Discharge DD / MM / YYYY

If transferred to another Hospital (if information is available)

Gibraltar - Main Office: Regal House, Queensway, PO Box 1446, Gibraltar
London - Contact Office: 20 St Dunstan's Hill, London EC3R 8HL, United Kingdom
www.the-mplc.com
Tel: +44 (0)20 3100 5151
Tel: +44 (0)20 3100 5152
info@the-mplc.com
Fax: +350 20042239

17. Date of Admission: DD / MM / YYYY

18. Date of Discharge DD / MM / YYYY

19. Claimant's Name: Surname: Forename:
(If different from patient):

20. Claimant's relationship to patient:

21. Brief Description of Facts/Type of Injury sustained:

22. Allegations of Negligence:

23. Amount claimed (if known) including heads of damage:

24. Present Condition and Prognosis (if known):

25. Practitioner(s) and other parties involved:

Name	Employee / Independent Contractor	Medical Defence Organisation / Insurer	Membership / Policy No	Cover in Place
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

If there are additional parties involved, please provide information on a separate sheet.

26. Was your retainer/contract for services evidenced in writing: YES ☐ NO ☐

27. If so, please attach a copy, if not please provide details of the service undertaken:

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28. Further Comments

Important Note

Please supply a copy of all correspondence pertaining to the claim, together with all documentation and medical records relating to the treatment in question.

The Insured is respectfully reminded of the Policy and accordingly that no details of the Policy may be disclosed, nor may liability be admitted, arrangement, offer, promise or payment be made, or cost or expense incurred by the Insured without the written consent of the Underwriters.

The Insured's attention is also drawn to the requirement under the Policy to provide Underwriters with IMMEDIATE NOTICE OF CLAIMS OR CIRCUMSTANCES which are likely to give rise to a claim. Accordingly, if the Insured is unable to complete all sections of the Notification Sheet, this should not delay its despatch to Underwriters and any further information or material can be provided as soon as possible thereafter.

In the event that this FNF includes personal data of third parties, including personal data in the special categories, you must ensure that you are compliant with your legal obligations arising from the EU General Data Protection regulation ("GDPR") or equivalent local legislation. A statement of these obligations on which we shall rely and the data processing carried out by the MPLC can be found at https://www.the-mplc.com/privacy.php?f=fnf.

Name: ..... Position: .....

For and on behalf of: ..... Signed: .....

Date: .....

Once completed, please send this form immediately to The MPLC

By email: claims@the-mplc.com

By fax: +44 (0)845 127 5071

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