



First Notification Sheet 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 (as a minimum) 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 page 5.

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:
Please note this also includes meetings held, and complaint correspondence. Please attach copies of complaint correspondence.
5. Date of Writ/Proceedings:
(If applicable)
6. Date Incident Report Completed:
Includes internal investigation/Riskman Report.
7. Patient's Name:

Surname:	Forename:
----------	-----------
8. Sex of Patient: MALE FEMALE
9. Date of Birth:
10. Occupation:

11. Age at Incident Date:

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

13. Number of Dependents:

14. Date of Admission:

15. Date(s) of Treatment and Details of Treatment Provided:
Including whether NHS or Private Basis.

From:	To:

16. Date of Discharge:

If transferred to another Hospital (if information is available)

17. Date of Admission:

18. Date of Discharge:

19. Claimant's Name: *If different from Patient*

Surname:	Forename:

20. Claimant's relationship to Patient:

--

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

Please indicate whether any previous complaint was made, whether an internal investigation has been carried out and whether any pre, intra, or post-operative issues/injuries were encountered, to the best of your knowledge. (Comments stating, "refer to attached documentation" and similar cannot unfortunately be accepted.)

22. Allegations of Negligence (if known):

23. Amount Claimed (if known), including Heads of Damage:

24. Present Condition and Prognosis (if known):

If unknown, please comment on whether any injury(ies) were complained of, either on discharge or subsequently.

25. Practitioner(s) and other parties involved:
Please attach copies of any insurance/ indemnity certificates covering treatment period if an Independent Practitioner (and not covered under the policy) or ensure that they are sent to Underwriters as soon as possible.

Name	Employee / Independent Contractor	Medical Defence Organisation / Insurer	Membership / Policy Number	Cover in Place	MDO Notified? Y/N

If there are any additional parties involved, please provide information under "Further Comments" below.

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:

28. Further Comments:

Please include details of any meetings held and disclosure provided to the Patient/Claimant/their representatives.

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 prior 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 dispatch to Underwriters and any further information or material should 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: <http://the-mplc.com/privacypolicy.php>

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

Or ClaimPro: <https://claimpro.the-mplc.com>