



Corvelia Notification Form – For Healthcare Practitioners

This form ONLY relates to notifications directly involving clinical negligence/medical malpractice. For matters relating to other Corvelia coverages such as public liability, libel, slander, breach of data, infringement of copyright, sexual harassment, abuse, loss of documents, regulatory proceedings/investigations, inquests or inquiries please contact Corvelia urgently to ascertain the best method of notification.

Please complete this form to notify us of any claim or circumstance which ***could reasonably be expected to*** give rise to a claim. This form, combined with copies of any relevant complaint/claim related documentation, is designed to give us the minimum amount of information we need to make an initial assessment of a notification.

Policyholders Details

Your Name	
Corvelia Policy Number	
Service Type (e.g. General Practice, minor surgery, Out of Hours, Plastic Surgery)	

Important Dates

Please state the date the medical service/treatment/diagnosis complained of was performed. If multiple dates, record the earliest, and other key dates. E.g. Date patient was treated and date of death.	
When did you first become aware of the Patient's concerns?	

Patient and Complainant/Claimant

Patient's Initials	
Patient's Age	
Patient's Gender	
Did you engage with the Patient directly or via a corporate entity? If this was via a corporate entity, please provide the name of said entity. E.g. Trust/Hospital name or your employers name	

Details of Claim or Circumstance

<p>Please provide an overview of the medical services provided to the aggrieved patient, together with details of the allegations raised (against you and/or any other parties).</p>	
<p>Please provide details of any injury (harm) suffered by the Patient.</p> <p>Please also include any initial observations regarding the potential for liability against you and include details of any relevant defences you consider to be immediately relevant (which includes any significant underlying health issues which may have contributed to the severity of injury suffered)</p>	
<p>In the event you consider that the claim or complaint should be redirected to a third party, please provide details for the third party and the reasons why you consider they should respond to this matter. I.e. who do you consider is responsible for the alleged harm to the Patient and why.</p>	

Documentation

Along with this notification form we would be grateful if you could include a copy of the following documents and information:

1. Anonymised patient records, relating to the treatment in question.
2. An anonymised copy of any complaint or claim correspondence, including any subsequent correspondence received (this should include any meeting notes, medical file request, coroner's letters, any pre-action Letter of Claim etc).

Signed:

Date:

Name:

We (Corvelia Limited trading as Corvelia Underwriting) collect and use the above information to facilitate claims handling under insurance contracts, as well as for other internal business purposes such as the prevention and detection of financial crime. To this end, the information you provide may be shared with, and used by, a number of third parties in the insurance sector or law enforcement agencies. For more information about how we use, and your rights in relation to, your information please see our full privacy notice on our website at <http://www.corvelia.com/privacy-policy/>, or in other formats on request. You can also contact us at enquiry@corvelia.com.