



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 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 3<sup>rd</sup> page.*

1. Insured Name:

2. MPLC Policy Number:

3. Insured Reference:

4. Patient's Full Name:

5. Hospital / Clinic or Individual Member:

6. Location of Incident:

7. Speciality:

8. Cause of Incident:

9. Injury:

10. Date of Loss:

11. Date Notified to Broker:

12. Date of receipt of first communication or verbal complaint from third party:

13. Is this a NHS Patient?  YES  NO

14. Do you require Legal Advice regarding the NHS contractual Duty of Candour?  YES  NO

15. Sex of Patient:  MALE  FEMALE

16. Date of Birth:

17. Nationality:

18. Occupation:

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

20. Number of Dependents:

© The MPLC – All Rights Reserved.  
Gibraltar - Main Office: Regal House, Queensway, PO Box 1446, Gibraltar  
UK Office: 107 Fenchurch Street, London EC3M 5JF, United Kingdom

www.the-mplc.com info@the-mplc.com  
Tel: +44 (0)20 3100 5151 Fax: +350 20042239  
Tel: +44 (0)20 3100 5152 Fax: +44 (0)845 1275071

*The MPLC is the trading name of The Medical Professional Liability Company Ltd, an underwriting intermediary licensed in Gibraltar by the Financial Services Commission, under licence number FSC00659B. All indications, quotes, acceptances of Proposals and issuances of policies are made by The MPLC in Gibraltar. The MPLC's insurances underwritten by certain underwriters at Lloyd's.*

21. Claimant's Name:

*(If different from patient):*

22. Patient's / Claimant's Solicitors /  
Lawyers:

23. Claimant's relationship to patient:

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

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

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

**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.

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](mailto:claims@the-mplc.com)**

By fax: +44 (0)845 127 5071