

## CLAIM REQUIREMENTS ON DOCTOR'S LIABILITY POLICY

## **Medical Malpractice**

		Policy/Endorsement
		Formal Complaint (any one of the documents below)
		<ul><li>□ Affidavit of Complaint</li><li>□ Demand Letter</li><li>□ Summons</li><li>Counter Affidavit</li></ul>
		Patient's Complete Hospital Records
		<ul> <li>□ Clinical Abstract</li> <li>□ Medical Certificate</li> <li>□ Operation/Procedure done</li> <li>□ Admission and Discharge Summary</li> <li>Copy of Hospital Bill incurred by the claimant</li> </ul>
		Copy of Medical Receipts/Invoices incurred by the claimant
		Copy of Letter of Acceptance and/or any communication between the commissioned lawyer to handle the filed complaint, if already available
		Other documents as maybe required
<u>D</u>	eat	h Claim
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		Patient's Complete Hospital Records
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## CLAIM REQUIREMENTS ON DOCTOR'S LIABILITY POLICY

- Death Certificate/Post Mortem Examination
- Autopsy Report (if there's any)
- Proof of Relationship of claimant to the victim
  - ☐ Birth Certificate of the victim, if single
  - ☐ Marriage Contract, if married
- Other documents as maybe required