

Proforma For Medico-legal Assistance (Oriental)

Date:

To,
Divisional Manager
Oriental Insurance Co. Ltd.
Branch D021

Dear Sir,

I am the member of group indemnity policy /Errors & omission policy of Association Of medical consultants, requesting for claim number & medico legal assistance.

Relevant details as under.

1. Name:
2. Life membership / Ordinary member
3. Membership number
4. a) Indemnity Policy Cert. No. _____
b) Errors & Omission Policy Cert. No. _____
5. Retroactive date
6. Amount Insured
a) Indemnity Policy Rs. _____/-
b) Errors & Omission Policy Rs. _____/-

7. Nature of Problem : (TICK WHAT IS APPLICABLE)

- a) There has been some occurrence/event which in my opinion may in future lead to medico legal problem.
- b) I have received a letter of allegations from the patients/relatives/advocates.
- c) I have received a notice from District/State/National Consumer Forum.
- c) I have received a notice from MMC.
- d) I have received a notice/ summons from magistrate court/ police station.
- e) Any Other : _____

8. I have received above mentioned letter/ notice/ summons on _____ (Date)

9. My agent is _____

10. To represent me in this case I am appointing Advocate _____

I undertake responsibility of informing the Medico – Legal cell on quarterly basis about the status of the case Please make 4 photocopies after filling the form & submit all the copies along with photocopy of insurance certificate of relevant & current year.

Signature

RECEIPT

Received your application of proforma for the assistance

Date Of Receipt:

Time Of Receipt:

Mumbai

Receiver's Name
Association of Medical Consultants,