



What to do in the event of a claim

Prompt claims reporting is critical to the process of bringing claims to a successful resolution.

Members aware of any actual or potential claim must report it immediately. If a member receives a formal notice or statement of claim, the notice must be reported in writing to the insurer within 30 days. Please refrain from making any written or oral statements to the claimant, unless the insurer advises to do so.

Members should not offer to compensate a claimant or admit liability, as such action could interfere in the insurer's management of a claim. Should a member seek independent legal services for a potential claim, any fees associated may not be recuperated under the policy limits, unless notice has been provided to the insurer before such legal representation commences.

MEMBERS SHOULD

- Formally document the incident, including details of those involved
- Submit any formal statement of claim to BMS Group
- Report legal expense coverage claims within 30 days of notice

MEMBERS SHOULD NOT

- Speak with any third parties about the claim
- Assume any legal fees before reporting a claim
- Offer compensation to independently settle a claim
- Amend or change any previous clinical records once a statement of claim has been received

