Claim notification form

By completing the form below, you can notify your claim to insurance company Lloyd's Insurance Company S.A. (PAT 5404) who has entered into a liability insurance contract with the healthcare provider.

Are you:

☐ Patient
☐ Dependant
☐ Heir
☐ Other

Your name

Your personal identification code

Your e-mail address

Your phone number:

The date you got to know about your injury

The date and time of insured event related to your claim:

Continue completing the form on next page

Description of the claim
Describe here the details related to your claim and injury. Also include information about the place of treatment (medical institution and its address) and the names of the doctor or doctors who provided the service (as much as you know).

Date of filling in current form

You can submit the completed claim form:

By e-mail: medmal@denisglobal.com
By mail to address: Hobujaama 4, Tallinn 10151

For additional info and help call: +372 6028559 (working days 10am -14pm)