TDC Specialty Underwriters
TDC GROUP

TDC Specialty Insurance Company
TDC National Assurance Company
(Stock companies owned by The Doctors Company)
(hereafter, the "Underwriter")
Servicing Address: 29 Mill Street
Unionville, CT 06085

CLAIMS INFORMATION FORM

(Please make additional copies if needed)

1. Name of Patient: 2. Age: 3. Gender: ☐M ☐F

4. Your relationship to patient:

5. Date of Incident: 6. Date Reported to Carrier: 7. Location:

8. Insurance Carrier(s):

9. Other Defendant(s):

10. Plaintiff's Counsel:

11. Defendant's Counsel:

12. Status: ☐Incident Only ☐Suit ☐Closed If Closed, Date Closed:
Amount Paid: ☐Settlement ☐Judgement

13. Allegation(s) (as stated by patient/plaintiff):

14. Did you, or was it alleged that you, modified, destroyed or changed any medical records related to this claim? ☐Yes ☐No

15. Condition and diagnosis at time of treatment:

16. Dates and description of treatment rendered:

17. Condition of patient subsequent to treatment (include DATES & FOLLOW UP TREATMENT):

I HEREBY DECLARE THE ABOVE INFORMATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: **X** _____ Date: _____