

QBE Rehabilitation referral form.

QBE Reference ***Mandatory**

.....

Business class

External loss adjuster

Insurer company

.....

External branch

.....

Loss adjuster name

.....

Loss adjuster tel no

.....

External loss adjuster reference

.....

Accident date ***Mandatory**

Service required

Current reserve

.....

Liability status

.....

QBE Rehabilitation referral form.

Insured/Employer

Insured name

Insured contact name

.....

.....

Insured tel no

Insured email

.....

.....

Insured address

Postcode

Injured party

Injured party name

Injured party DOB

.....

Injured party tel no

Injured party email

.....

.....

Injured party address

Postcode

Details of accident

Injuries sustained

Translator required? If 'yes', please provide details

Yes

No

.....

Current work status

QBE Rehabilitation referral form.

Claimant solicitor

Claimant solicitor company Solicitor notified **Yes** **No**

TP solicitor case ref
.....

TP solicitor name TP solicitor tel no
.....

TP solicitor email
.....

TP solicitor address
.....

Postcode

Additional notes

Additional comments

Special handling instructions (Please note details of the invoice recipient if there is SIR)

Once completed please return to qbereturn@uk.qbe.com

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