

Department File Number :	M200851355
Claim Number :	20072421
Date Submitted :	11/12/2008

Insurer Information			
Insurer Name		Coverage Type	
DARWIN NATIONAL ASSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
56-0997452			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Myrna		Nieves
Street Address			
9 Farm Spring Road.			
City		State	Zip
Farmington		CT	06032
Phone	Ext	Fax	E-Mail Address
(860) 284 - 1332		(860) 284 - 1333	mnieves@darwinpro.com

Insured Information			
Type	First Name	MI	Last Name
Individual	AMARJEET	S	SINGH DHILLON
Insurer Type	Street Address of Practice		
Licensed	4807 US HWY 19, #204		
City	State	Zip Code	County
New Port Richey	FL	24652	Pasco
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
0001-2429	\$1,000,000		\$3,000,000
Profession or Business		Other Profession or Business	
Medical Doctor Public Psychiatry			
License Number	Specialty Code & Classification		Certification Number
ME56818	Psychiatry - All Other		

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred

	M	Pasco
City	State	Zip Code
Location where injury occurred	Other location where injury occurred	
Physician's Office		
Name of Institution	Code	
N/A	000000	
Location of Institutional Injury	Other Location of Institutional Injury	
Other	Physician's Office	
Date of Occurrence	Date Reported to Insurer	
10/17/2005	11/28/2007	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Therapy
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
53 yr old man claims the insured improperly prescribed stelazine & it caused him to develop Tardive Dyskinesia
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
*NR
Principal Injury Giving Rise To The Claim
Alleged inappropriate prescription of Stelazine.
Severity Of Injury
Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

Legal Information	
Date of Suit	Circuit Court Case Number
	*NR
County Suit Filed in	Date of Final Disposition
*NR	9/18/2008
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other

No Court Proceedings.
Arbitration
Claim not subject to Arbitration.
Date of Payment
10/1/2008

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		Yes
Indemnity Paid by Insurer on behalf of Insured		\$150,000
Loss Adjust Expense Paid to Defense Counsel		\$35,229
All Other Loss Adjustment Expense Paid		\$0
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
Injured Person's Total Economic Loss		
	Incurred to Date	Anticipated
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
worked closely with defense counsel to settle case		

Updates
No updates found.