

CCRP Secretariat

Tel No: 6593 7877

Email: application@ccrp.com.sg

URL: <http://www.ccrp.com.sg>

Please complete and submit this Application form to the CCRP Secretariat. Please carefully read all terms and conditions governing this Application and related matters. Incomplete submissions will not be considered.

REQUEST FOR DETERMINATION (RFD) APPLICATION FORM

To: **CCRP Secretariat**
Academy of Medicine, Singapore

Date of Application	
CCRP Reference No. <i>(For Official Use)</i>	

SECTION 1: DECLARATION & AGREEMENT

(√)	<p>Contractual Agreement <i>Please ensure that you have read and completed this section before you proceed.</i></p>
	(1) We, the Applicant and the Respondent, hereby agree to seek a final and binding determination of our dispute that is within the scope of the Clinical Claims Resolution Process.
	(2) We confirm that we have met the prevailing requirements for the dispute to be referred. We confirm that the dispute is not already the subject of court, arbitral, regulatory, criminal or other adjudicatory proceedings.
	(3) In consideration for the CCRP Secretariat processing this Request and the Panel members making a determination of our dispute, we agree to be bound by the CCRP Rules (Annex A) in force at the time the determination commences and we agree to be bound by the determination or amended determination (if any) issued to us. We agree that there shall be no appeal from the determination or amended determination (if any).
	(4) The Applicant will pay to the Academy of Medicine, Singapore the prevailing fee for the determination. The determination commences only upon receipt of payment.
	(5) The Applicant gives its consent to allow CCRP Secretariat to share this Request for Determination and all supporting documents submitted in relation to this application with the relevant regulator (including but not limited to Singapore Medical Council, Singapore Dental Council, Ministry of Health, Monetary Authority of Singapore) where the intended Respondent does not agree to participate in the CCRP.

SECTION 2: SUMMARY OF DISPUTE

<p>Brief description of dispute by the Applicant <i>Each party to submit a written statement setting out its full position on the determination sought, together with all relevant documents.</i></p>

SECTION 3: APPLICANT & RESPONDENT DETAILS

APPLICANT	RESPONDENT
APPLICANT CATEGORY	RESPONDENT CATEGORY
NAME OF APPLICANT (NAME OF REPRESENTATIVE IF APPLICANT IS NOT AN INDIVIDUAL)	NAME OF RESPONDENT (NAME OF REPRESENTATIVE IF RESPONDENT IS NOT AN INDIVIDUAL)
INSTITUTION (NA. if Not Applicable)	INSTITUTION
EMAIL ADDRESS	EMAIL ADDRESS
MOBILE NO / OFFICE NO	MOBILE NO / OFFICE NO
MAILING ADDRESS	MAILING ADDRESS
By signing this Application Form, the Applicant and Respondent reaffirm their consent to Rules 8 (Confidentiality), 9 (Data Protection) and 10 (Exclusion of Liability and Indemnity) of the CCRP Rules.	
SIGNATURE (MAY USE DOCU-SIGN)	SIGNATURE (MAY USE DOCU-SIGN)

IMPORTANT INSTRUCTIONS

1. Please ensure that you have completed **Annex B** before submitting the application.
2. **Do not submit** the originals of your documents to CCRP. You should only provide scanned copies of the documents supporting your application in PDF format via email to application@ccrp.com.sg.

SECTION 4: CHECKLIST ON COMPLIANCE DOCUMENTATION (ANNEX B)

LIST OF DOCUMENTATION
Supporting Document(s) to show past attempt(s) at resolving dispute with Respondent
<ul style="list-style-type: none"> ➤ Disputes filed with CCRP should be within <u>6 months</u> after: <ul style="list-style-type: none"> ▪ IP insurer's (respondent) final reply to the policyholder (patient); or ▪ Medical practitioner/Medical institutions' (respondent) reply to the policyholder (patient); or ▪ Medical practitioner/Medical institutions' (respondent) reply to the IP insurer; or ▪ IP Insurer's (respondent) final reply to the Medical practitioner/ Medical institution

Updated as of 30 August 2023

END OF FORM