

Notification of Incident Form

General Information

Insured name:
Member number (if applicable):
Policy number:
Category of practice (if applicable):
Contact person:
Contact number:
Contact fax:
Email:

Type of policy you are notifying incident under:

- Practitioner Indemnity Insurance Policy
 Practitioner Indemnity Run-Off Insurance Policy
 ROCS Insurance Policy
 Student Indemnity Insurance Policy
 Avant Practice Medical Indemnity Policy

Do you have an Avant Practice Medical Indemnity Policy?

- Yes No

If 'yes' please provide your policy details:

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Does the Insured/you have another policy with another Medical Defence Organisation (MDO) or insurer?

- Yes No

If 'yes' please provide your policy details:

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Details of Incident

Date of incident:
Date you became aware of the incident:
Patient name:
Patient DOB:
Claimant name (if different to patient including relationship to the patient):

Brief factual account of the incident:

Where did the incident occur?

- Public Hospital Private Hospital Treatment room Practice/clinic

Is the patient a public patient?

- Yes No

Have you received written correspondence from the patient/claimant regarding the incident?

- Yes No

If 'yes' please attach a copy of the correspondence received.

Are there any other individuals involved in this incident?

- Yes No

If 'yes' please provide details (including status of these individuals e.g. employee, contractor, supervisor etc.):

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Have you notified this incident to another MDO or insurer?

- Yes No

If 'yes' please provide details:

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Please return this form to your local Avant office:

If you are completing this report as part of your renewal, please return this form with your renewal form.

If this report is not part of your renewal, please return it by post or facsimile, marked to the attention of National Director Avant Law Pty Ltd:

NSW/ACT/SA/WA/NT – PO Box 746 Queen Victoria Building NSW 1230 Freefax: 1800 228 268

VIC/TAS – PO Box 1019 Richmond North VIC 3121 Fax: +61 3 8673 5015

QLD – GPO Box 5252 Brisbane QLD 4001 Fax: +61 7 3309 6850

Avant Insurance Limited ABN 82 003 707 471 AFSL 238 765

Avant Law Pty Ltd ABN 63 136 429 153

- Include any correspondence or documentation you have in relation to the incident.
- If you include any medical records, please send copies only.
- Ensure you keep all records and documentation regarding this matter separately from your clinical file.

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Avant Law is a subsidiary of the Avant Mutual Group Limited ABN 58 123 154 898.

This document and any attachments have been prepared in anticipation of legal action or potential legal action and/or for the purposes of obtaining legal advice. As such, legal privilege is asserted over these documents.