Notification of incident form

Avant
By doctors for doctors

1. General information

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

2. Policy details

Type of policy you are notifying incident under	☐ Practitioner indemnity insurance policy ☐ Student indemnity insurance policy ☐ Practitioner indemnity run-off insurance policy ☐ Practice medical indemnity policy ☐ ROCS insurance policy
If you have a practice medical indemnity policy with Avant, please provide your policy details.	

Does the insured/you have another policy with another medical defence organisation (MDO) or insurer? If **YES**, please provide your policy details ☐ Yes ☐ No

3. Details of incident

Date of incident		Date you became aware of the incident	
Patient name		Patient DOB	
Complainant/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? If **YES**, please attach a copy of the correspondence received. ☐ Yes ☐ No

Are there any other individuals involved in this incident? If **YES**, please provide details (including status of these individuals e.g. employee, contractor, supervisor etc.) ☐ Yes ☐ No

Have you notified this incident to another MDO or insurer? If **YES**, please provide details ☐ Yes ☐ No

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**, or email **nca@avant.org.au** or contact us on **1800 128 268**.

4. Application

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.

Your local Avant office:

NSW/ACT/SA/WA/NT	PO Box 746 Queen Victoria Building NSW 1230
	Freefax: 1800 228 268
VIC/TAS	GPO Box 1606, Melbourne VIC 3001
	Fax: +61 3 8673 5015
QLD	GPO Box 5252 Brisbane QLD 4001

- 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.

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

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.

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**, or email **nca@avant.org.au** or contact us on **1800 128 268**.