

Notification of incident form

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	<input type="checkbox"/> Practitioner indemnity insurance policy <input type="checkbox"/> Practitioner indemnity run-off insurance policy <input type="checkbox"/> ROCS insurance policy	<input type="checkbox"/> Student indemnity insurance policy <input type="checkbox"/> Practice medical indemnity 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide your policy details			
3. 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?	<input type="checkbox"/> Public hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Treatment room <input type="checkbox"/> Practice/clinic		
Is the patient a public patient?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received written correspondence from the patient/claimant. If Yes , please attach a copy of the correspondence received.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other individuals involved in this incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide details (including status of these individuals e.g. employee, contractor, supervisor etc.)			
Have you notified this incident to another MDO or insurer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide details			

Please return this form to Avant Insurance Limited, PO BOX 746, QVB 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.

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