

Please complete this notification and return to us

### Policy Type

- \*What type of policy does this matter relate to? (select all that apply)
- ☐ Practitioner indemnity insurance
- ☐ Practice indemnity insurance (for medical practices)

### Practitioner policy membership details (only applicable to Practitioner Indemnity Insurance policies)

- \* Member first name
- \* Member surname
- Preferred contact number
- \* Email address registered with Avant
- \* Preferred email address (for correspondence about this matter)
- ☐ As above
- ☐ Other please specify
- \* Member date of birth
- Member ID
- \* Is this form being submitted by the member ☐ Yes
- ☐ No, please specify your name and relationship to the member

First name & surname of person submitting this form

Relationship to member

### Practice Indemnity policy details (only applicable to Practice Indemnity Insurance policies)

- \* Insured practice name
- \* First name (of person submitting the form)
- \* Surname (of person submitting the form)
- Preferred contact number
- \* Email address registered with Avant
- \* Preferred email address (for correspondence about this matter)
- ☐ As above
- ☐ Other please
- Avant Company ID

### Nature of matter

\* What best describes the nature of this matter?

- |  |   |
|--|---|
| <input type="checkbox"/> Informal patient complaint (e.g. to you or your practice)   | <input type="checkbox"/> Coronial matter  |
| <input type="checkbox"/> Event that may lead to a formal complaint or claim          | <input type="checkbox"/> Medicare issue (e.g. investigation or audit)                   |
| <input type="checkbox"/> Complaint to a regulator (e.g. to Ahpra, HCCC, OHO)         | <input type="checkbox"/> Hospital inquiry (e.g. a formal Investigation into a hospital) |
| <input type="checkbox"/> Complaint to a hospital or healthcare facility              | <input type="checkbox"/> Training dispute   |
| <input type="checkbox"/> Claim for compensation (not just refund of fees)            | <input type="checkbox"/> Criminal matter  |
| <input type="checkbox"/> Requests from a patient's lawyer (e.g. for patient records) | <input type="checkbox"/> General health law advice                                      |
| <input type="checkbox"/> Employment issue  | <input type="checkbox"/> Other (please specify)   |

## Patient/Entity involvement

\* Does the matter involve a patient (or patients) or their representative?

☐ Yes (Please complete patient details below)

☐ No

\* Is the matter related to obstetric care, or the care of a neonate or infant?

☐ Yes

☐ No

Was this matter raised by an entity or organisation?

☐ Yes (Please provide name)

☐ No

## Patient details

\* Patient /claimant first name

\* Patient /claimant surname

\* Patient/claimant DOB

Nature of patient engagement at the time of the incident?

☐ Patient in a private practice (e.g. GP or specialist practice)

☐ Private patient in private facility

☐ Public patient in public facility

☐ Private patient in public facility

☐ Public patient in private facility

☐ Other (please provide more detail)

Date of your first ever clinical contact with the patient (if applicable)

## Incident details

When did you first become aware of this matter?

Location of incident

Have any other medical indemnity insurers been notified about this matter?

☐ Yes (please specify)

☐ No

Please provide a brief factual account of the matter

Date you need to respond to, or meet with the people or organisation that raised this matter? (if applicable)

## Documentation

Include relevant correspondence or documentation you have in relation to the notification.

Ensure you keep all records and documentation regarding this matter separately from your clinical file

## Support

Do you need a member of our team to call you about this matter?

☐ Yes

☐ No, I will or have called

No, I don't need a call

Please return this notification via email to [nca@avant.org.au](mailto:nca@avant.org.au), or to **Avant Insurance Limited**  
**PO BOX 746 Queen Victoria Building NSW 1230**

**Disclaimer:** Please be aware that Avant Insurance Limited ABN 82 003 707 471 may be compelled to produce this document and any attachments as required by law in the course of any legal action or proceedings. Avant may be required to provide this form to investigators, complainants or other authorities.