

Notification of Incident Form

Thank you for notifying us of an incident. An incident is any circumstance which may give rise to a claim for indemnity under the policy*, such as a patient claim, complaint or adverse event, request for a report to the Coroner, investigation by the Medical Board/AHPRA/Medicare, inquiry by a hospital or tribunal, an employment dispute, or allegations of misconduct.

*Indemnity of any matter disclosed to MDA National Insurance is assessed in accordance with the policy terms and conditions.

Member details

First name

Surname

Membership number

Preferred contact number

Email address

If you require urgent advice or assistance, please call us on **1800 011 255** or send an email to **advice@mdanational.com.au** so we can promptly assist you.

► Incident details

Location of incident

State where incident occurred

Your medical specialty at the time of incident

Date of incident

 /

Date you become aware of incident

 /

► Brief summary of incident – If the space is not sufficient please complete on a separate attachment

Please complete this section if there is a patient involved in the incident. Please send a copy of the patient's medical records. **DO NOT SEND THE ORIGINALS.** Please ensure your original records are preserved and kept separate from any correspondence with MDA National Insurance. If this matter develops into a claim, the medical records will become critical to your defence. Attach any correspondence relevant to the notification (e.g. letter from solicitors). Attach additional comments on separate pages if necessary.

Patient details

First name

Surname

Date of birth

 /

Sex

Female Male

Marital status

Number of dependents

Employment

Treatment given

Outcome

Patient type:

Private

Public

Public with private consultation

Not yet known

Declaration

I declare that I have read and understood the content above and that the information I have supplied with respect to this Notification of Incident is true and correct. I further declare that all circumstances of which I am currently aware that may give rise to a claim for indemnity under the policy have been declared to MDA National Insurance either previously or on this form.

Please sign and date here

X	/	/
---	---	---

Submitting this form

Policy holders based in **NT, SA, WA** and **overseas**.

Please post, email or fax the completed form and related documents to:

Post: **Claims & Advisory Services,
MDA National Insurance
PO Box 445, West Perth
WA 6872**

Fax: **(08) 9415 1492**

Email: **advice@mdanational.com.au**

Policy holders based in **all other states**.

Please post, email or fax the completed form and related documents to:

Post: **Claims & Advisory Services,
MDA National Insurance
Level 5/ 69 Christie Street
St Leonards NSW 2065**

Fax: **(02) 9460 8344**

Email: **advice@mdanational.com.au**

mdanational.com.au

1800 011 255 — peaceofmind@mdanational.com.au — Member Service Fax: 1300 011 244

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MAD National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417. Insurance products are underwritten by MDA National Insurance. The MDA National Group collects personal information to provide and market our services to meet our legal obligations. To change your contact details, unsubscribe from our mailing list or to see our privacy policy visit mdanational.com.au or call 1800 011 255. 154.7