

# 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](mailto: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		/	/
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## 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](mailto:peaceofmind@mdanational.com.au)  Member Service Fax: 1300 011 244

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