



# MALPRACTICE INSURANCE

## NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

- Please do not include any statement or comment on this form which could be construed as an admission of fault.
- Please attach any supplementary information and relevant correspondence.

### Insured's Details

1. Name(s) of the Insured

  

2. Are you registered for GST purposes?

No  Yes  What is your ABN?  : : : : : : : : : : :

Have you claimed / are you entitled to claim an ITC for 100% of the GST applicable to the policy premium?

Yes  No  Please specify your percentage entitlement  %

3. Insured's address

  
 Postcode

4. Contact name

Telephone

Fax

5. Policy number

6. Period of insurance

From

 /  / 

To

 /  / 

### Claim Details

7. Name of patient

Age of patient

Sex of patient

Marital status

8. Dependants details

  
  
  

9. Inpatient/Outpatient

10. Why was patient admitted/treated (i.e. broken leg, MVA)?

  
  

11. Date patient admitted/treated

 /  / 

12. What treatment was given to patient?

13. Date of incident/treatment out of which an allegation of malpractice may arise


14. What allegations of malpractice may be made?


15. Brief details of circumstances that lead to "injury". Do **not** include any admissions of negligence


16. Details of injuries sustained


**Diagnosis**

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**Prognosis**

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**Residual diagnosis**

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17. Details of other parties involved in treatment (i.e. doctors, nurses, etc.)


## Declaration

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information.

I/we consent to CGU Insurance using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice, however, CGU Insurance may not be able to process my/our claim.

I/we consent to CGU Insurance disclosing my/our personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact and the contents of the Policy (which includes the section on "The way we handle your personal information").

**Signature of Principal/Partner/Director**

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**Date**

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### Claims Department

Level 4 CGU Centre 485 La Trobe Street Melbourne VIC 3000  
GPO Box 4609 Melbourne VIC 3001  
DX 38206 Flagstaff Tel. (03) 9601 8700 Fax (03) 9602 5578

### CGU Professional Risks Insurance

A Division of CGU Insurance Limited ABN 27 004 478 371  
An IAG Company