

**PROFESSIONAL INDEMNITY AND MALPRACTICE INSURANCE  
INCIDENT REPORT / CLAIM FORM**

**IMPORTANT NOTICE:**

1. Please read the Claim form / Incident report fully prior to answering the questions.
2. The Claim form / Incident report is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer.
3. All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached such as medication chart, accident report form,
4. **Do not engage Legal Council or incur any costs and expenses as covered by the policy without the consent of the Insurer. To do so may mean you will be unable to recover those costs and expenses.**

**Details of Insured Established / Practice**

Full name of the Insured	
Address of the Insured	
	Postcode
Policy Number/Certificate (if known)	
Contact Person	
Telephone	Fax

**Please advise the extent to which (as a percentage) the Insured is entitled to an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on the business related inputs. This is also known as the Taxable Percentage of the Business.**

	%	ABN:	
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**Details of Injured Party**

Full Name of the Claimant or Potential Claimant (i.e. the Person bringing the action against you)			
Patient	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Resident	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>	Other (details)	<input type="checkbox"/>
Name:			
Age:			
Female:	<input type="checkbox"/>	Male:	<input type="checkbox"/>
Room Number / Unit Number:			



On what date did you become aware of the claim or such fact or circumstance? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has a claim or the intimation of a claim been made against you?      Yes                       No

If yes, on what date was the claim or the intimation of a claim first made against you? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\* If No, the insurer will treat this notification as a report only and take no action at this time however should there be any developments you must notify the insurer as soon as you become aware of these developments**

**Was the first intimation of a claim verbal or in writing? (if in writing please attach a copy)**

**If verbal, please give a "first person" account of the conversation.**

**What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?**

### Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or is withheld.

**Signature of Insured:**

**Date:**

2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

**Signature of Insured:**

**Date:**