



Health Services Union of Australia – Victoria No. 4 Branch Professional Indemnity Insurance

(Notification of circumstances out of which a claim may be made)

Name of Member

Surname:

First Name(s):

Member Number:

Contact Details

Address:

State: Postcode:

Home Phone: Mobile:

Email:

Employer Details

Name of Employer:

Work Site/Department:

Address:

Your Profession (please circle your profession)

Medical Scientists Association of Victoria

Audiologist	Genetic Counsellor	Hospital Scientist	Perfusionist
Dietitian	Medical Physicist	Research Scientist	
Other (please specify)	<input style="width: 450px; height: 30px;" type="text"/>		

Victorian Psychologists Association **Association of Hospital Pharmacists**

Psychologist	Pharmacist
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Type of Claim (please tick the appropriate box)

- Professional Indemnity / Malpractice Claim (GO TO PART A)
- Employer Pursuit Claim (MSAV MEMBERS ONLY—GO TO PART B)
- Public Liability Claim (GO TO PART C)

ALL NOTIFICATIONS—PLEASE COMPLETE DECLARATION OF FINAL PAGE

PART A: PROFESSIONAL INDEMNITY / MALPRACTICE CLAIM

Date of Incident / Treatment out of which an allegation of malpractice may arise:

Details of patient (if known):

Name:

Diagnosis:

Prognosis:

Residual Diagnosis:

What allegations of malpractice may be made?

Brief details of circumstances that led to “injury” Do not include any admissions of negligence. If necessary please attach additional details to this form.

Details of other parties involved in treatment. (ie Doctors, Nurses etc)

PART B: EMPLOYER PURSUIT CLAIM—MSAV MEMBERS ONLY

Award / Agreement Title:

Details of Claim: If necessary please attach additional details to this form.



PART C: PUBLIC LIABILITY CLAIM

Date of Incident:

Place of Incident:

Name of (potential) claimant:

Brief details of circumstance:

Declaration

I hereby declare the above statement is true, that I have not suppressed or mis-stated any facts.

Signed by: Date:

Member name:

NOTE:

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