

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

	/		/	
--	---	--	---	--

13. Brief details Incident Complaint Complications (tick appropriate box)

14. What allegations of malpractice may be made?

15. Details of injuries sustained

Diagnosis

--

Prognosis

--

Residual diagnosis

--

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

17. Have you received a request to attend an Official Inquiry into the circumstances notified in this report?

No Yes Please attach copy of the request.

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

--

Date

	/		/	
--	---	--	---	--

Claims Department

Level 15 181 William Street Melbourne VIC 3000
GPO Box 4609 Melbourne VIC 3001
Tel. (03) 9601 8709 Fax (03) 9602 5578
Email priclaims@cgu.com.au

CGU Professional Risks

CGU Insurance Limited ABN 27 004 478 371