Incident Notification Form

### IMPORTANT

* + Fully complete this form, where applicable, to ensure prompt attention.
  + If there is not enough space for your answer in any section, please write the details on a separate sheet of paper.
  + This form to be completed and emailed to: [claims@vmia.vic.gov.au](mailto:claims@vmia.vic.gov.au?subject=Incident%20Notification)

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| --- |
| Insured’s details |
| Organisation name: |
| Contact person: |
| Address: |
| Telephone: |
| Fax: |
| Email: |

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| --- |
| Incident details |
| Incident date: |
| Incident location: |
| Type of incident:  Personal accident  Travel claim  Contract works claim  Fraud / misappropriation of funds  Employment issue  Professional indemnity/director & officers claim  Injury to member of public  Injury to volunteers  Medical indemnity claim  Other (please specify if known) |
| Description of incident: |

|  |  |
| --- | --- |
| Third party details (if relevant) | |
| Third party name: | |
| Gender: Male  Female | |
| Age: | DOB:      /     /      (if known) |

|  |  |
| --- | --- |
| Declaration | |
| I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.  I consent to the VMIA using personal information I have provided on this form for the purpose of assessing any future claims that may arise in relation to this notification. However, I understand that if I choose not to provide the required details, this is my choice and that the VMIA may not be able to assess any future claims.  I consent to the VMIA disclosing personal information to other insurers or as required by law. I consent to the VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers or other advisers whom the VMIA may engage to assist in processing any future claims. Where I have provided information about another individual (e.g. an employee or client) I declare that the individual has been made aware of the reason for the disclosure of their personal details to the VMIA and of the contents of the VMIA's Privacy Policy. | |
| Name:  Signature: ………….……………………………………….……………… | Date:      /     / |

Any personal information you provide directly (or provided by a health service under s141 of the Health Services Act 1988, or a third party such as a government body) in this Form is being collected by the VMIA for the purpose of administering VMIA’s functions, under s6 of the Victorian Managed Insurance Authority Act 1996 (Vic), namely to provide insurance, risk advisory and claims handling services. Any personal information you provide will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles, the Victorian Protective Data Security Standards, the Health Records Act 2001 (Vic) and the Health Privacy Principles. VMIA will not act or engage in any practice that contravenes these provisions. Information will be handled in line with VMIA's Privacy Policy. You have the right to access and correct your personal information. Requests for access should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au.