Notification to Avant
for members of Optometry Australia

Please complete this form and return to us.

Insured/Practice Details

OA member last name		OA member first name	
OA member number		Preferred contact number	
Email address			

Patient/Claimant and Entity Details

Patient/Claimant last name (or entity name)		Patient/Claimant first name	

Notification Details

Date of incident (This may be the date the issue commenced, the date you became aware of the incident, the date relevant treatment started, or the date on relevant correspondence from, for example, Ahpra/HCCC/OHO.)

State where incident occurred, 'international' if overseas

Reason for notification

- ☐ Disciplinary complaint
- ☐ Informal complaint
- ☐ Claim for compensation
- ☐ Criminal
- ☐ Coronial
- ☐ Notification only (no action required)
- ☐ Other

Brief factual account of the matter:

Do you have insurance with another provider? ☐ Yes ☐ No

Name of insurer where you also have cover

Has this incident been notified to another insurer?

What date is the response due, or a meeting scheduled?

Do you need a member of our team to call you about this matter? ☐ Yes ☐ No

Include relevant correspondence or documentation you have in relation to the notification.
Ensure you keep all records and documentation regarding this matter separately from your clinical file.

Disclaimer: This document and any attachments have been prepared in anticipation of legal action or potential legal action and/or for the purposes of obtaining legal advice. As such, legal privilege is asserted over these documents.

Please return this form to Avant Insurance Limited:

Email: nca@avant.org.au
Post: PO BOX 746, QVB NSW 1230
Freefax: 1800 228 268
Phone: 1800 128 268