

Accident claim form

Personal details

Student's full name _____

Street address _____

City _____ State _____ Postcode _____

Date of birth ____ / ____ / ____ Telephone (____) _____

Electronic Funds Transfer

Following ACE approval of your claim, should you wish to have your claim settlement transferred directly into your bank account, please provide the following details.

Bank Name _____

Account Name _____

BSB No _____

Swift Code (if applicable) _____

1. Injury description

Give full description of injury from which you are suffering. State when, where and how it happened.

Injury _____

How it was sustained _____

Where _____

Full description _____

(a) Give exact date when injury occurred

Date ____ / ____ / ____

(b) When did you first consult a physician for this condition?

Date ____ / ____ / ____

(c) When did you become totally disabled (unable to attend school)?

Date ____ / ____ / ____

(d) When were you able to return to school?

Date ____ / ____ / ____

(e) If still disabled, when do you expect your disability to terminate?

Date ____ / ____ / ____

2. Attending physician

Give names, addresses and telephone numbers of **all attending** physicians.

Name _____

Address _____

Telephone (____) _____

Name _____

Address _____

Telephone (____) _____

Give names, addresses and telephone numbers of **usual** family physician.

Name _____

Address _____

Telephone (____) _____

3. Are you covered by private Health Insurance?

No Yes

Give Membership No. and Branch _____

Have you claimed yet?

No Yes

If "Yes" please submit a Statement of Benefits from Private Health Insurer.

Authorisation

I hereby authorise any hospital, physician or other person who has attended to me to furnish ACE Insurance Limited or its representatives, any and all information with respect to any injury, medical history, consultation, prescriptions, or treatment, copies of all hospital and medical records. I agree that a photostatic copy of this authorisation shall be considered as effective and valid as original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made, or in any further declaration in respect of the said injury shall make, any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever, then my claim may be voided and my rights of financial recovery forfeited.

I consent to the collection, use and disclosure of information by ACE Insurance Limited and their Service Providers in order to assess the claim. ACE Insurance Limited complies with the obligations of the Privacy Act 2001 and the principles laid out in our privacy policy, which is readily available on request.

Dated ____ / ____ / ____

Name *(please print)* _____

Relationship to Student _____

Signed _____

Privacy Consent – Claim Assessment

By signing this form I agree that ACE Insurance Limited ABN 23 001 642 020, AFS Licence No. 239687 ('ACE') and third parties such as my insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, my employers (past and present), my accountant, any business which provides information about the commercial activities of persons and if I am or have been bankrupt, the trustee of my estate ('the Parties') may exchange with each other any information about me, excluding health or other sensitive information, including:

- Any information provided by me in relation to my claim;
- Any other personal information I provide to any of them or which they otherwise lawfully obtain about me;
- Any information relating to this insurance or any other insurance held by me or on my life, including terms and conditions and claims history;
- Details of my employment, including position, period of employment, remuneration, hours worked and duties performed; and
- Any information relating to my income and solvency.

I agree that any information referred to above can be used by the Parties and any Service Provider (as identified below) for assessing the claim or my entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

I agree that ACE may exchange my personal and/or sensitive information, for the purposes of assessing the claim or my entitlement to benefits with:

- Any investigator appointed by ACE to investigate the claim;
- The Health Record Holders;
- The Health Insurance Commission;
- Other insurers;
- Reinsurers;
- Any private or government organisation which investigates fraud including the police; and
- Any witness identified by me.

If I have identified any person as a witness, I agree to ensure that each person is made aware that:

- I have identified him/her as a witness in relation to the claim;
- ACE holds a record of their personal information for this purpose; and
- He/she may contact ACE or request access to his/her information, by calling 1800 815 675.

If ACE engage anyone (a 'Service Provider') to do something on its behalf (for example technology providers) then I agree to them exchanging any information referred to above, with each other.

I understand ACE might give any information referred to above to entities other than the Parties, the Service Providers, the Health Record Holders and the other persons/organisations referred to above where it is required or allowed by law or where I have otherwise consented.

I understand that I can access** most personal information that members of ACE Insurance Limited hold about me (sometimes there will be a reason why that is not possible, in which case I will be told why).

I understand that if I fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, ACE may be unable to assess the claim.

** To find out what sort of personal information ACE have about you, or to make a request for access, please telephone 1800 815 675.

**Please complete
claim form and return to:**



ACE Insurance Limited
GPO Box 4907 Sydney 2001
Phone (02) 9335 3355
Fax (02) 9231 3697

Dated ____ / ____ / ____

Signed _____