

UNITING CHURCH SCHOOLS – ACCIDENT CLAIM FORM

This form should be completed and forwarded to:-

Aon email address:- unitingchurchnsw@aon.com

For any queries please call 02 9253 8396

Every Question Must Be Completed

| | | |
|---|------------------|-----------------|
| Important | | |
| We act upon your claim as soon as we receive this form. You can help us in the assessment of your claim, if you: | | |
| <ol style="list-style-type: none"> 1. Complete this form in full. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim. 2. Provide a comprehensive description of the circumstances of the Accident/Injury. 3. If the claim form does not provide enough space, please use a separate piece of paper and attach as supplementary information. 4. When all information has been completed, please forward the claim to the address above. | | |
| Personal Statement | | |
| Student's Full Name: | Date of Birth: | |
| Parent/Guardian's Full Name: | | |
| Postal Address: | | |
| Contact Details: | Work No: | Home Telephone: |
| Mobile No: | Facsimile: | E-mail: |
| Name of School: | | |
| Street Address: | | |
| Summary of Claim | | |
| I am claiming the following benefits under this Insurance: | | |
| Lump Sum Benefits | Amount \$ | |
| Other (please specify) | Amount \$ | |
| Total | Amount \$ | |

| | |
|---|--|
| Statement of Claim | |
| Date of Accident: / / | Time of Accident: am/pm |
| Description of Accident: | |
| | |
| Description of Injury: | |
| | |
| Was the Injury caused by participating in sport? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did the Injury occur as a result of school activity? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| When did the Student first see a doctor for this condition? | |
| | |
| Doctor's Name: | |
| | |
| Street Address: | |
| | |

| | | |
|---|-----------|-------------|
| Was the student hospitalised? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Name of Hospital: | | |
| Street Address: | | |
| Date of Hospitalisation: | Admitted: | Discharged: |
| | | |
| Has the Student seen a doctor for this or similar conditions in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes please provide dates, names and addresses of doctors: | | |
| | | |
| Please provide the name and address of the regular family physician: | | |
| Doctor's Name: | | |
| Street Address: | | |



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CLAIMANT DECLARATIONS & MEDICAL AUTHORISATIONS

I, _____ solemnly and sincerely DECLARE that the information given by me in this claim is true and complete.

I UNDERSTAND that the claim may be declined if the information supplied is untrue and I have not revealed all relevant facts.

I AGREE to supply any further information that may be requested of me in connection with my claim.

I AUTHORISE any Doctor, Dentist, Physiotherapist or any other medical practitioner, Company, Firm or Person to disclose to Aon Risk Services Australia Limited any and all information that they may request in connection with this claim.

My Medicare number is- _____

I AGREE that a photocopy of this Authorisation shall be considered to be as effective and valid as the original.

I have read and accept the JLT Collection statement provided with this claim form.

Signature of Parent/Legal Guardian: _____

Name of Parent/ Legal Guardian: _____

Dated: _____

BANKING DETAILS

BSB:

Account Number:

Account Name:

Email Address:

Medical Attendant's Statement

Patient's Name

Age

If Injured, on what date did the accident occur?

Diagnosis, Chief complaint, history, complications and list of fractures (if any):

On what date did the patient first receive medical attention?

By Whom (name):

Street Address:

Was the student hospitalised?

Yes No

Name of Hospital:

Street Address:

Date of hospitalisation

Admitted:

Discharged:

What operation if any was performed?

Name and specialty of attending doctor:

Has the patient even had the same of similar conditions?

Yes No



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| | |
|---|--|
| If Yes for When & What? | |
| Has the injury described above resulted in any residual disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes please provide details: | |
| Your Name & Title: | |
| Qualifications: | |
| Business Address: | |
| Signature: | |



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Collection Statement

In accordance with the Privacy Act 1988(Cth)(and subsequent amendments), we, Aon Risk Services Australia pty Ltd (and our subsidiaries and related entities) ('Aon') draw your attention to the following:

- When we perform services for our clients. Our services and products include insurance broking, claims management, risk management consulting, other forms of insurance services (including underwriting of insurance products and reinsurance), employee benefits program administration, and investment advisory services. In these cases, your personal information will normally be provided to us by our clients (or advisors or service providers acting on behalf of our clients), or sometimes our clients may ask us to contact you directly. We may also need to obtain information from third parties such as insurance companies, insurance brokers or agents, credit organizations, motor vehicle and driver licensing authorities
- When we provide the services listed above for our clients, we may collect personal information such as your name, contact details, date of birth, gender, marital status, financial details, employment details, and benefit coverage. We may also collect (in each case as strictly relevant to the services we provide) sensitive information about you, such as criminal convictions or health information in relation to life, health, professional liability and workers compensation insurance or employee benefit programs sponsored by your employer. Most of the personal information we receive relates to your participation in the compensation and benefits programs offered by your employer.
- When you request services, we ask that you provide accurate and necessary information that enables us to respond to your request. When a visitor provides personal information to us, we use it for the purposes for which it was provided to us as stated at the point of collection or as obvious from the context of collection.
- If you provide us with sensitive personal information, you understand and give your explicit consent that we may collect, use and disclose this information to appropriate third parties for the purposes described in this Statement. If you provide personal information about other individuals such as employees or dependents, you must obtain their consent prior to your disclosure to us.
- Our Privacy Policy can be access on our website (<http://www.aon.com/about-aon/privacy.jsp>). For further information contact your client manager, client executive or the Aon Privacy Officer:

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