

SPORTING ACCIDENT CLAIM FORM

Please read this page first before completing the Claim Form

Dear Member,

Thank you for your Claim form request. This letter contains important information relevant to your Claim. Please read it carefully and make sure you understand their contents.



WE REQUIRE THE CLAIM FORM TO BE RETURNED (FULLY COMPLETED) TO SPORTSCOVER WITHIN 120 DAYS OF YOUR INJURY. DO NOT WAIT UNTIL TREATMENT IS COMPLETE BEFORE SUBMITTING THE CLAIM FORM.

1. The Medical Report must be completed by the main Doctor, Chiropractor, Physiotherapist or Dentist who is providing treatment for your injury.
2. Please send all original receipts for Non Medicare Medical Expenses. If you are claiming from a Private Health Insurer, please send those statements along with your receipts.
3. We will commence working on your claim immediately however, Claims cannot be settled (entitlements calculated) until all treatment relating to the injury has been completed, all accounts have been paid and refunds from your Private Health Insurer have been obtained.
4. In most cases, there are varying Excesses on claims for Medical Expenses. For precise details and information regarding Policy maximums and excesses, please visit the Touch Football Australia website www.austouch.com.au or call 02 6212 2800.

If you have any queries, please call us immediately.

CLAIMS HOTLINE: 1300 134 956
EMAIL: asiapac.claims@sportscover.com

Please send all claims correspondence to:

CLAIMS DEPARTMENT
SPORTSCOVER AUSTRALIA PTY LTD
Locked Bag 6003
Wheelers Hill VICTORIA 3150

MELBOURNE – 271 – 273 Wellington Road, Mulgrave, VIC 3170
SYDNEY – Suite 103, 507 Kent Street, Sydney, NSW 2000
LONDON – LUC, 3 Minster Court, Mincing Lane, London EC3R 7DD
TORONTO – Suite 270, 33 Yonge Street, Toronto, Ontario, M5E1G4
Email – asiapac.claims@sportscover.com

Ph: +61 3 8562 9100 Fax: +61 3 8562 9111
Ph: +61 2 9268 9100 Fax: +61 2 9268 9111
Ph: +44 (0)20 7398 4080 Fax: +44 (0)20 7398 4090
Ph: +1 (416) 987 7595 Fax: +1 (416) 336 4608
Website – www.sportscover.com Claims Hotline – 1300 134 956

PART 1 – CONTACT / CLAIMANT DETAILS (continued)

<p>3. Were you admitted to Hospital? Yes No</p> <p>If yes Name of Hospital _____</p> <p>Address _____</p> <p>Post Code _____</p> <p>In Patient <input type="checkbox"/> Out Patient <input type="checkbox"/> Name of Attending Doctor <input type="checkbox"/></p>	
<p>4. Are you now, or have you ever been, subject to or affected by other injury or Disease, Deformity, Defect of Senses, Infirmary or Weakness? Yes No</p> <p>If Yes, please give details _____</p>	
<p>5. Have you ever lodged a personal accident claim before? Yes No</p> <p>If Yes, please give details _____</p>	
<p>6. (a) Are you a member of a Private Health Insurance Fund? Yes No</p> <p>If Yes, please give details</p> <p>Fund Name _____ Member Number _____</p>	
<p>(b) Are you entitled to claim for any of the following benefits? Yes No</p> <p>Private Hospital <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Dental <input type="checkbox"/></p> <p>Chiropractic <input type="checkbox"/> Ambulance <input type="checkbox"/> Massage <input type="checkbox"/></p> <p>Other ancillary procedures. Please give details _____</p>	

PART 4 – WITNESS STATEMENT - We require a statement from anyone who witnessed your accident. Please have that person complete this section.

(a) Name _____
Surname *Given Names*

(b) Address _____
State Postcode

(c) Telephone (AH) _____ Telephone (BH) _____


(d) Please give a full description of the accident giving a rise to the claimant's injury, as you saw it:

Signature of Witness _____ Date / /

SAMPLE

Medical Report

PLEASE USE BLOCK LETTERS | PLEASE ENSURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED



PLEASE NOTE:
These questions are to be completed by the main Doctor, Physiotherapist, Dentist or Chiropractor.
The injured person is responsible for the completion of this form without expense to Sportscover.

PART 8 – MEDICAL REPORT

Patient's Details

Name _____
 Address _____
 Telephone (AH) _____ Telephone (BH) _____

Surname *Given Names*

State _____ Postcode _____

What is disabling the patient? *(Please give a complete diagnosis of this condition)*

History

1. When did the patient first receive medical treatment for this injury? _____ / _____ / _____
2. (a) Was there a previous history of this or similar condition? **Yes** **No**
 (b) *If yes, please state the condition and advise when previous treatment was given* _____
3. (a) How long have you known the patient? _____ / _____ / _____
 (b) Are you the claimant's regular practitioner? **Yes** **No**
 (c) *If no, please advise who is* _____

Injury

1. When did the patient suffer the injury _____ / _____ / _____
2. What were the circumstances surrounding the injury? _____

Degree of Disability

1. Patient's Occupation _____
2. When was the patient obliged to cease work? _____ / _____ / _____
3. If patient is still disabled, when approximately will the patient resume:
 (a) Some duties? _____ / _____ / _____ (b) Full duties? _____ / _____ / _____
4. If patient has recovered, when was the patient able to resume:
 (a) Some duties? _____ / _____ / _____ (b) Full duties? _____ / _____ / _____

Treatment of present condition

1. When were you consulted? (a) Initially _____ / _____ / _____ (b) Most recently _____ / _____ / _____
2. How often has the patient consulted you? _____
3. Was patient confined to hospital? **Yes** **No**
4. *If yes, please advise* (a) Name of hospital _____
 (b) Period of Confinement From _____ / _____ / _____ to _____ / _____ / _____

PART 8 – MEDICAL REPORT – Continued.

5. Was confinement in a convalescent home necessary after hospitalisation **Yes** **No**
If yes, please give details _____
6. What are the current subjective symptoms? _____
7. Please give results of any objective findings:
 (a) X-Rays _____
 (b) Other tests – *please advise tests done and findings* 1. _____
 2. _____
8. What surgical procedures have been performed? _____
9. What surgical procedures have been contemplated? _____
10. Are there any underlying conditions affecting recovery from the current condition? **Yes** **No**
If yes, could you advise the nature of underlying conditions and how they affect disability and recovery:

11. Has patient any other physical or mental impairment? **Yes** **No**
If yes, please describe _____
12. Please advise names and addresses of other treating physicians
 Name _____
 Address _____
 Telephone _____
13. If you have terminated treatment, please advise date _____ / _____ / _____
14. What is the current prognosis? _____
15. Are there any further remarks which may assist in assessing this condition?

16. Is there any permanent disability at present? **Yes** **No**
If yes, please explain giving an estimated percentage loss of function: _____

Physician's Details

Full Name _____
 Qualifications _____
 Street Address _____
 _____ State _____ Postcode _____
 Telephone _____ Email _____
 Website _____

Signature _____ Date _____ / _____ / _____

MY SPORTSCOVER FOLLOW UP SHEET

This is designed to help you and the Sportscover Claims Department in making sure that your claim is handled quickly and efficiently for an early settlement. Enquiries can be made by contacting the Claims Department Hotline on 1300 134 956.

- EG. I have received a claim form.
- I have sent my Sportscover Claim Form back within 120 days of my injury to:

**CLAIMS DEPARTMENT
SPORTSCOVER AUSTRALIA PTY LTD
Locked Bag 6003
Wheelers Hill VICTORIA 3150**

The following requirements are to be returned within 12 calendar months from the date of injury:

- I have receipts and/or statements from Private Health Insurance
- I have obtained a Doctors Referral
- I have notified Sportscover in writing when all my treatment is complete

206 Health Insurance Act 1973

Part VII – Miscellaneous

Prohibition of certain medical insurance.

126 (1) A person shall not make a contract of insurance with another person that contains a provision purporting to make the first mentioned person liable to make a payment in the event of the incurring by the other person of a liability to pay medical expenses in respect of the rendering in Australia of a professional service for which Medicare benefit is, or but for subsection 18(4) would be payable.

Penalty \$1000.

(2) Where there is contract of insurance (whether made before or after the commencement of this section) under which the insurer is liable to make a payment in the event of the incurring by that person of liability to pay medical expenses in respect of the rendering in Australia of a professional service, there is an implied condition in the contract that the insurer is not liable for loss arising out of the incurring of liability to pay medical expenses in respect of the rendering in Australia of a professional service in respect of which a Medicare benefit is, or but for subsection 18(4) would be, payable.

(3) Where:

- (a) the proper law of a contract of insurance would, but for a term that it should be the law of some other country or a term to the like effect, be part of the law of any part of Australia; or
- (b) a contract of insurance contains a term that purports to substitute, or has the effect of substituting, provisions of the law of some other country or of a State or Territory for all or any of the provisions of this section,

this section applies to the contract notwithstanding that term.

(4) Any term of a contract of insurance (including a term that is not set out in the contract but is incorporated in the contract by another term of the contract) that purports to exclude, restrict or modify or has the effect of excluding, restricting or modifying the application in relation to that contract of all or any of the provisions of this section is void.

(5) A term of a contract shall not be taken to exclude, restrict or modify the application of a provision of this section unless the term does so expressly or is inconsistent with that provision.

(5A) This section does not apply in relation to a contract of insurance entered into by a registered organization as insurer in so far as the contract provides for benefits in accordance with the basic table.

206 Health Insurance Act 1973 continued

Medical Expenses

(Australian government legislation (see below) **does not allow** General Insurers to cover **any costs** subject to a Medicare rebate.)

Examples of Medicare Medical Expenses (Excluded from Policy) (Figures used are for example purposes only)	
Private Practitioner Visit (GP) - You may be asked to pay towards this service above the Medicare Scheduled Fee. Eg. Bill: \$50.00 Medicare Rebate: \$35.00 Balance: \$15.00 (Not Claimable)	Medicare Item - not covered in part or whole.
Surgeon - You may be asked to pay towards this service above the Medicare Scheduled Fee. Eg. Bill: \$750.00 Medicare Rebate: \$600.00 Balance: \$150.00 (Not Claimable)	Medicare Item - not covered in part or whole.
Anaesthetist - You may be asked to pay towards this service above the Medicare Scheduled Fee. Eg. Bill: \$400.00 Medicare Rebate: \$300.00 Balance: \$100.00 (Not Claimable)	Medicare Item - not covered in part or whole.
Public Hospital Accommodation - You may be asked to pay towards this service above the Medicare Scheduled Fee. Eg. Bill: \$400.00 Medicare Rebate: \$325.00 Balance: \$75.00 (Not Claimable)	Medicare Item - not covered in part or whole.
Examples of Medical Services which may be covered by the Sportscover Policy	
Private Hospital Accommodation , Private Hospital Theatre Fees, Ambulance	Refer to policy for limits.
Physiotherapy, Chiropractor, Massage, Acupuncture, Myotherapy, Osteopath, Hydrotherapy, Podiatry	Refer to policy for limits.
Dental (Sound Whole Teeth Only), MRI's (under certain conditions)	Refer to policy for limits.
Hire of Crutches, Wheelchair, Equipment for Rehabilitation, Brace	Refer to policy for limits.
The policy relevant to your Club or Association will have a specific Excess, Maximum Percentage Payable and a Maximum Limit Payable . For the specific policy benefits please refer to your Claims covering letter and policy wording which details the policy benefits, coverage and conditions.	

Privacy and Insurance at Sportscover Australia

Proposal, Renewal, Endorsement and Claim forms

Sportscover and its agents are bound by the obligations of the **Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act)** and will be covered by the **General Insurance Information Privacy Code (the Code)**. These set basic standards relating to the collection, use, disclosure and handling of personal information.

'Personal information' is essentially information or an opinion about a living **individual** whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly (e.g. from your representatives).

Only information necessary for the arrangement and administration of Sportscover's business by Sportscover, its Brokers or agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums.

Sportscover and its Brokers or agents disclose personal information to third parties who they believe are necessary to assist them in doing the above. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Sportscover and its Brokers or agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Sportscover by contacting your Broker or contacting Sportscover directly, by any of the following:

Phone: (03) 8562 9100
+ 61 3 8562 9100 (International)
Fax: (03) 8562 9111
Email: privacy@sportscover.com