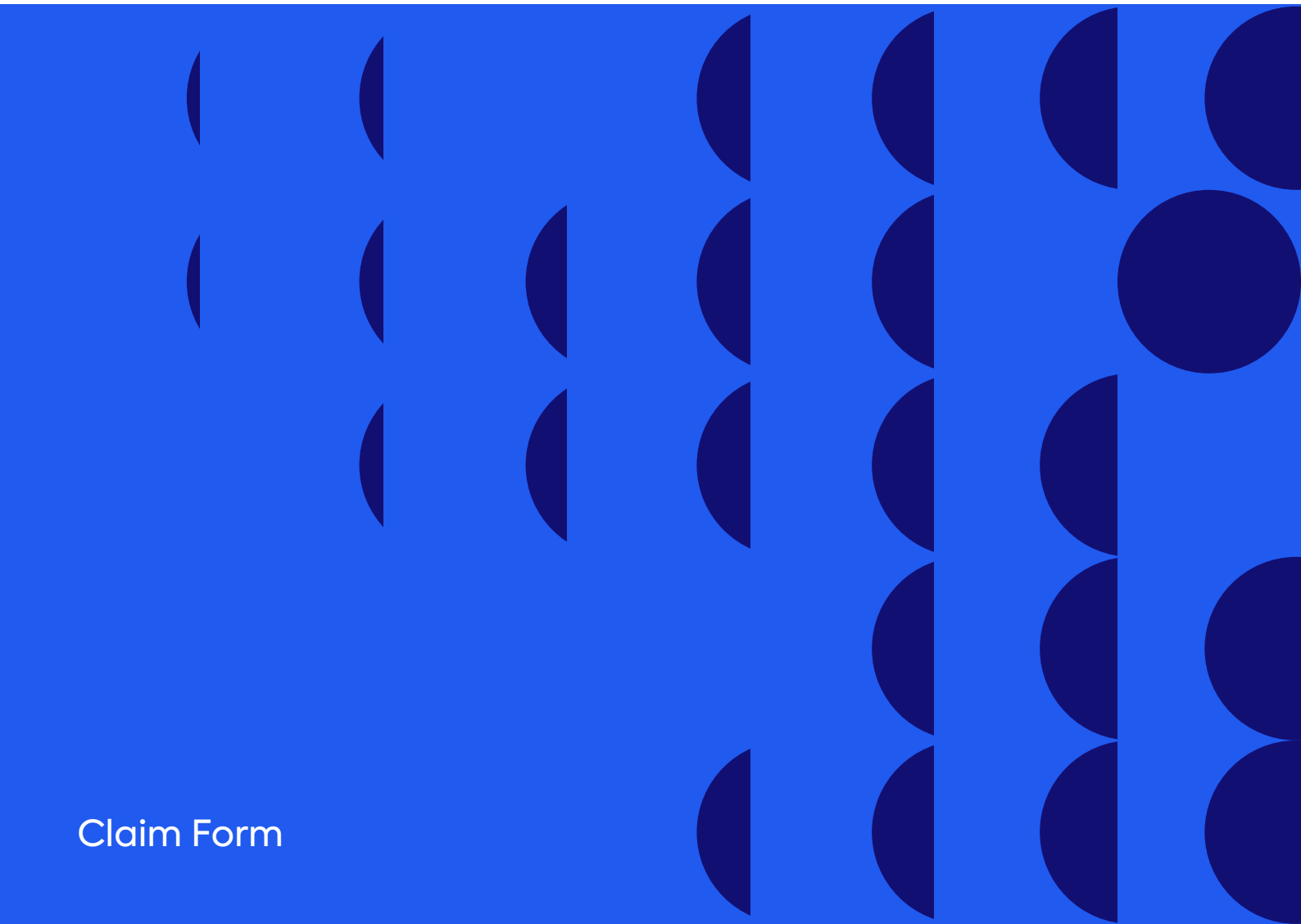
solution.

Individual Personal Accident and Sickness Claim Form



Claim Form

Important Information

This claim form has been issued to assist the insured to notify a claim under a **personal accident and sickness** policy.

- The issue of the claim form does not indicate acceptance of the claim.
- Do not admit liability.
- Make sure you provide all the details about your claim and complete all sections of the form.
- The insurer will acknowledge receipt and assign a dedicated claims specialist who will contact you or your broker within 2 business days.
- Within 10 business days you will be advised by the insurer if any further information is required to consider coverage within 10 business days following receipt of a new claim.

Important note: All medical certificates must state reason for your disablement (e.g. "medical condition" cannot be accepted)

Definitions

In this form:

us, we means Solution Underwriting Agency Pty Ltd (Solution);

you, your means the Insured making the claim

insurer means the Insurer named in your insurance policy.

Privacy Statement

What information do we collect and how do we use it?

When we arrange insurance on your behalf, we only ask you for the information we need and we only use the information that we collect for the primary purpose(s) for which we collect it. These are:

- Providing quotes for insurance cover (including obtaining risk carrier confirmation where necessary);
- Issuing insurance policies;
- Handling claims under insurance policies;
- Providing information about insurance matters;
- Dealing with brokers, risk carriers and reinsurers; and
- Operating our business.

This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your financial situation, health and wellbeing.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (e.g. various Underwriters at Lloyd's), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical brokers etc.) to enable it to consider your claim. Again, this information may be passed on to reinsurers.

What if you don't provide some information to us?

We can only fully arrange your insurance or assist you with a claim, if we have all relevant information. The insurance laws require you to provide us with the information we need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which is relevant to our decision to insure you.

When do we disclose your information overseas?

If you ask us to seek insurance terms, we may place your business with Lloyd's of London or an overseas insurer located outside Australia. They will require you to disclose information to them to enable them to make a decision about whether to insure you.

We will tell you at time of arranging your insurance if the insurer is overseas and in which country the insurer is located. If the insurer is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Disclosing personal information on applications for insurance with various Underwriters at Lloyd's, or with insurers that operate within the companies market, will be permissible because the European Union (EU) data protection laws provide comprehensive protection for the personal information of insureds which is similar to the APPs and you can pursue your rights if there is a failure to comply with those laws.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world, so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. These policy administration providers and underwriting systems may be supported and maintained by organisations overseas and your information may be disclosed to those organisations. Please note that The Privacy Act and APPs may not apply to these organisations.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We hold the information we collect from you in a working file, which when completed is securely stored electronically. We scan all paper documents and then shred originals.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

Will we disclose the information we collect to anyone?

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, for example to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. However, we will take reasonable measures to ensure that they protect your information as required under The Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which The Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information, please write to our Privacy Officer at Solution Underwriting, as they are responsible for all matters to do with privacy.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time, then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information, or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

What happens if you want to complain?

If you have concerns about whether we have complied with The Privacy Act or this Privacy Policy when collecting or handling your personal information, please write to our Privacy Officer at Solution Underwriting at the address shown the beginning of this document.

Your complaint will be considered by us through our Internal Complaints Resolution Process. We will acknowledge your complaint within 24 hours and we will respond with a decision within 30 days of you making the complaint. If we need to investigate your complaint and require further time, we will work with you to agree to an appropriate timeframe to investigate. We will provide you with information concerning referring your complaint to the Australian Financial Complaints Authority (AFCA) if we cannot resolve your complaint.

Your consent

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

How to contact us

If you have a complaint or would like more information, please contact our compliance team on 03 9654 6100 or email compliance@solutionunderwriting.com.au or contact the Privacy Officer at our business address at the end of this document.

Our privacy policy and complaints process are available on our website www.solutionunderwriting.com.au.

The issue of this form is not an admission of liability

1. Insured details

Policy number:	Name of Insured:

Date of birth:	Occupation:

Address:

State:	Postcode:

Home telephone:	Work telephone:

Mobile:	Email:

2. Claims for injury/illness/death

What is the injury or illness?

If injured, how exactly did it occur?

Does the Insured consider their injury to have been caused by their work? ☐ Yes ☐ No

When did the injury occur, or the illness begin or first manifest itself or when was it first diagnosed?

Date: (DD/MM/YY) / /

Did the injury or illness cause the Insured to stop work? ☐ Yes ☐ No

If **YES**, please provide the date the Insured stopped work:

Date: (DD/MM/YY) / /

Is the Insured a full-time, part-time or casual employee?

Has the Insured returned to work full-time, part-time or casual?

If **YES**, please provide the date the Insured returned to work (DD/MM/YY): / /

What hours is the Insured working?

Days: Hours:

Please provide details of the Insured's usual duties, before injury or sickness:

Is the Insured currently on a claim for any injury or sickness not including this claim? ☐ Yes ☐ No

If **YES**, please provide the date the claim commenced (DD/MM/YY): / /

Who is the Insured's usual family doctor?

Doctor's name: Telephone number:

Clinic's name:

Address:

How long has the Insured been treated by their family doctor?

When did the Insured first get treatment from a medical practitioner for this condition?

Doctor's name: Telephone number:

Address:

Was the Insured hospitalised for this condition? ☐ Yes ☐ No

If **YES**, please provide the date the Insured was hospitalised:

(DD/MM/YY) / / to / /

At which hospital?

Please provide details of any surgery performed:

During the 24 hours before the injury, did the Insured drink any alcohol/take any drugs? ☐ Yes ☐ No

If **YES**, please provide the following details:

Types and quantities:

Has the Insured ever suffered this injury/illness or a similar condition before? ☐ Yes ☐ No

If **YES**, please provide details:

Is the Insured affected by any long term or chronic disability? ☐ Yes ☐ No

If **YES**, please provide details:

3. Other benefits

Is the Insured entitled to claim compensation from their Superannuation Fund or any insurance through their Superannuation Fund? ☐ Yes ☐ No

Name of Superfund:	Membership number:

Is the Insured entitled to claim insurance or compensation from any other insurance company? e.g. workers compensation, private health insurance? ☐ Yes ☐ No

If **YES**, please provide details:

Name of organisation/insurer:

Contact Details:

Type of Cover:

Amount Claimed:	Claim Number:

Please attach a copy of the claim acceptance letter, Benefit Statement, other correspondence.

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Solution, my insurance broker and the insurer and its agents using the personal information I have provided on this form for the purposes of processing my claim. I consent to the disclosure of sensitive information to third parties in order to process this claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of the insurance claim.

I understand that if this consent is not given the insurer and its agents will not be able to process this insurance claim.

Signature of Insured or person with authority to sign for and on behalf of a company or partnership.

Signature:

Name:

Position:

Date (DD/MM/YY) / /

Please indicate the number of additional pages attached to this claim form:

BANK ACCOUNT DETAILS

Bank:	BSB number:

Account name(s):	Account number:

Employer or principal contractor statement

Claimant name:

When did the claimant cease working for this Injury/Sickness? (DD/MM/YY) / /

Is the claimant currently off work on an unrelated claim? ☐ Yes ☐ No

Date of employment with the company:

(DD/MM/YY) / /

Gross weekly salary averaged over the last 12 months prior to the date of disablement (Please attach pay report): $

Did the injury occur at work? ☐ Yes ☐ No

If **YES** when will/was the workers' compensation claim lodged?

(DD/MM/YY) / /

If **YES**, what is the weekly compensation:
(Please attach all workers' compensation correspondence) $

What payments have been made to date during the period of disablement?

Details	Dates	Amount
Workers' compensation		$
Normal pay		$
Sick pay		$

What is the usual occupation of the claimant?

What are the claimant's usual duties?

Has the claimant returned to work? ☐ Yes ☐ No

If **YES**, please provide date claimant returned to work:

(DD/MM/YY) / /

Name of company:

Address:

Suburb: State: Postcode:

Home telephone: Email:

Name: Position:

Signature:

Doctor's statement

Patient's name:

Date of birth (DD/MM/YY): Height: Weight:

Please give full details of circumstances of injury/onset of illness:

Final diagnosis:

Date of onset of sickness/date of injury:

(DD/MM/YY) / /

When did the patient first receive medical attention for this condition?

(DD/MM/YY) / /

Was the disability sports related? ☐ Yes ☐ No

If **YES**, please provide details:

Does the patient have any other injury or sickness that is contributing to the condition? ☐ Yes ☐ No

If **YES**, please provide details:

Has the patient ever suffered with this or any similar condition before the present episode? ☐ Yes ☐ No

If **YES**, please give details including dates of treatment and consultation:

Are you the patient's usual doctor: ☐ Yes ☐ No

If **NO**, please give name and address of patient's usual doctor:

Name of doctor:	Address:

When did the patient first consult you for this condition?

(DD/MM/YY) / /

On which date did incapacity commence?

(DD/MM/YY) / /

How long have you been treating the patient?

Is patient still incapacitated? ☐ Yes ☐ No

If **YES**, please estimate when you expect the patient to be able to return to full-time work or part-time work?'

(DD/MM/YY) / / Working hours:

Capacity:

Restrictions:

If **NO**, when did incapacity cease?

(DD/MM/YY) / /

Was the patient hosptialised as a result of this condition? ☐ Yes ☐ No

How many days was the patient hospitalised?

Days: Dates: (DD/MM/YY) / / to / /

Please detail any surgical procedures performed or planned:

Please detail any treatment recommended i.e. physiotherapy:

Is the condition due to injury or sickness arising out of the patient's employment: ☐ Yes ☐ No

Signature of doctor:

Qualifications:

Please use validation stamp or complete in block capitals

Name:

Address:

Telephone:

Fax:

Email:

Validation Stamp:

Send claim form to:

Solution Underwriting Agency Pty Ltd
Level 5, 289 Flinders Lane,
Melbourne, VIC 3000 Australia

P: 03 9654 6100

Email: claims@solutionunderwriting.com.au

solution.

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