



# Individual Personal Accident & Sickness Claim Form

Solution Underwriting Agency Pty Ltd

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T. 03 9654 6100

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**The issue of this form is not an admission of liability**

Please ensure:

- You fully complete every question before your doctor completes their statement. Failure to do so will result in delay in handling your claim.
- You have enclosed all requested information/documentation.
- You have signed this claim form.
- Your attending doctor fully completes the statement.

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

## Part 1 – Claimant details

Policy number:

Name of insured:

Date of birth:

Occupation:

Address:

State:

Postcode:

Home telephone:

Work telephone:

Mobile:

Email:

## Part 2 – Claims for injury/illness/death

What is the injury or illness?

If injured, how exactly did it occur?

Do you consider your injury to have been caused by your 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 you to stop work?

Yes

No



Were you hospitalised for this condition? Yes No

If YES, please provide the date you were hospitalised:

Date: (DD/MM/YY) / / to / /

At which hospital?

Details of any surgery performed:

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

If YES, please provide the following details:

Types and quantities:

Have you ever suffered this injury/illness or a similar condition before? Yes No

If YES, please provide details:

Are you affected by any long term or chronic disability? Yes No

If YES, please provide details:

### Part 3 – Other benefits

Are you entitled to claim compensation from your Superannuation Fund or any insurance through your Superannuation Fund? Yes No

Name of Superfund:

Membership number:

Are you 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:

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

## Declaration and authorisation Complete for all claims.

- I declare that the information on this form and any documents attached to it, is correct and complete and that I have not withheld any information that could affect this claim. I understand that any false statement or information may lead to my claim being denied.
- I also understand and accept that until I provide all required information, consent and authorities Solution Underwriting will not be able to process my claim and will have no obligation to make any payment to me or on my behalf.
- I authorise any hospital, physician or other person who has attended me to furnish to Solution Underwriting and the claims manager of Corporate Services Network (CSN), or its representatives, any and all information with respect to any Sickness or Injury, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical reports.
- I authorise any Insurer, organisation or body through which I am claiming similar benefits to furnish to Solution Underwriting and CSN all information with respect to this Sickness or Injury to enable assessment of my claim.

Signature of claimant:

Name of claimant (Please print):

Date: (DD/MM/YY)     /     /

### 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?

Date: (DD/MM/YY) / /

Is the claimant currently off work on an unrelated claim?

Yes

No

Date of employment with the company:

Date: (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?

Date: (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		A\$
Normal pay		A\$
Sick pay		A\$

What is the usual occupation of the claimant?

What are his/her usual duties?

Has the claimant returned to work?

Yes

No

If YES, please provide date claimant returned to work:

Date: (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:

Date: (DD/MM/YY)     /     /

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

Date: (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?

On which date did incapacity commence?

Date: (DD/MM/YY) / /

Date: (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?

Date: (DD/MM/YY) / /

Working hours:

Capacity:

Restrictions:

If NO, when did incapacity cease?

Date: (DD/MM/YY) / /

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

How many days was the patient hospitalised?

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

Detail any Surgical Procedures performed or planned:



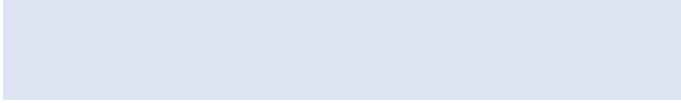
Detail any Treatment recommended i.e. physiotherapy:

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

T. 03 9654 6100

email: [solutionassist@solutionunderwriting.com.au](mailto:solutionassist@solutionunderwriting.com.au)

## Privacy statement

At Solution Underwriting Agency Pty Ltd we are committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. This Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

### What is personal information?

Personal information is information or opinion about an individual whose identity is apparent or can easily be ascertained from the information or opinion.

### What is sensitive information?

Sensitive personal information is information or opinion about a person's racial or ethnic origin, political opinions, membership of a political, trade or professional association or a trade union, religious or philosophical beliefs or affiliations, sexual preferences, criminal record or health, genetic or biometric information.

### 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 and 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 data protection laws provide comprehensive protection for the personal information of insureds which is similar to the Australian Privacy Principles (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 hold the information we collect from you in our Information System, using local cloud systems and in our hard copy files. We take reasonable steps to protect your information by keeping our computer and network security (including firewalls) up to date; using multi-factor authentication and enterprise grade security practices, and keeping our office locked with restricted access.

#### **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 broking 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?**

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

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.

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.

#### **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](mailto: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](http://www.solutionunderwriting.com.au).

