

SPORTING ACCIDENT CLAIM FORM

Please read this page first before completing the Claim Form

Dear Claimant,

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 its 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 (separate form) must be completed by the main Doctor, Chiropractor, Physiotherapist or Dentist who is providing treatment for your injury.
2. For Claims under the "LUMP SUM" Net Loss of Income Benefit your Employer must complete the Employer's Statement (separate form) and forward it directly to Sportscover. A Medical Certificate from your doctor is also required before processing can be completed. If you are self-employed, the financial statement (separate form) showing income details must be completed by your Accountant.
3. Please send all claimable receipts for Non Medicare Medical Expenses. If you are claiming from a Private Health Insurer, please send those statements along with your receipts. Email is preferable.
4. 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. Claims for Loss of Wages will only be processed once we have been provided with a Return to Work date.
5. In most cases, there are varying Excesses on claims for Medical Expenses and an excess of varying periods on claims for loss of earnings. For precise details and information regarding Policy maximums and excesses, please refer to the Sportscover website.
6. Sportscover Australia values your privacy and makes every endeavour to keep your personal details private and secure in accordance with the Privacy Act 1988. For further information on our privacy statement, please visit our website at www.sportscover.com.

If you have any queries, please call us immediately:



CLAIMS HOTLINE: 1300 134 956

Please send all claims correspondence to:



asiapac.claims@sportscover.com

OR, if not possible via email, via Post to:

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

Request Number/Name:

1 of 8 pages

SPORTSCOVER™

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INSURING SPORT SINCE 1986

**2009, 2010 UNDERWRITING AGENCY OF THE YEAR
2014 GENERATION I YOUTH EMPLOYER OF THE YEAR**

sportscover.com

Claim Form

ALL SECTIONS MUST BE COMPLETED



BEFORE YOU COMMENCE FILLING IN THIS FORM, PLEASE MAKE SURE YOU HAVE READ AND FULLY UNDERSTOOD THE DIALOGUE ON THE FRONT OF THE CLAIM FORM AS IT CONTAINS IMPORTANT INFORMATION RELATING TO YOUR CLAIM. IF YOU HAVE ANY QUESTIONS AT ALL ABOUT ITS CONTENTS OR MEANING, PLEASE CONTACT THE SPORTSCOVER OFFICE.

PART 1 – CONTACT / CLAIMANT DETAILS

Name of Claimant (Surname) (Given Names)

Date of Birth Gender: Male Female Other

Occupation

Home Address State Post Code

Address for Correspondence State Post Code

Telephone (AH) Telephone (BH)

Mobile Email

Australian Permanent Resident: Yes No Other (if other, please specify)

Sport Registration Number

National Association State Association

Local Association Club/Team

1. (a) Please give a full description of the circumstances of the accident which led to the injury.

- (b) Please provide a copy of the teamsheet/scoresheet where the details of the accident have been recorded
- (c) When did the injury occur? Date Time
- (d) Please provide the address of where the injury occurred
Suburb Post Code
- (e) At the time of the injury, were you:

Playing	Training	Social Game/Match
Pre-Season Playing	Pre-Season Training	Officiating
Coaching	Other	

If "Other", please provide details

PART 1 – CONTACT / CLAIMANT DETAILS – continued...

- (f) On what surface were you participating?
- | | | |
|-----------|-------------------|--------------|
| Grass | Synthetic Surface | Wooden Floor |
| Gravel | Concrete/Bitumen | Spring floor |
| Crash Mat | Other | |

If "Other", please provide details

- (g) What was the condition of the surface?
- | | | |
|--------|-------|-----|
| Normal | Hard | Wet |
| Muddy | Other | |

If "Other", please provide details

- (h) What were the weather conditions at the time of injury?
- | | | |
|---------------------|------------|------------|
| Fine | Light Rain | Heavy Rain |
| It occurred indoors | Other | |

If "Other", please provide details

- (i) What were the temperature conditions at the time of injury?
- | | | |
|----------|------|-------------|
| Very Hot | Hot | Hot & Humid |
| Mild | Cold | Very Cold |
| Other | | |

If "Other", please provide details

- (j) What activity lead to the injury?
- | | | |
|------------------|-----------------------|------------|
| Landing | Jumping | Twist/Turn |
| Side Stepping | Starting | Stopping |
| Running | Kicking | Tackle |
| Impact by Object | Collision with Player | Other |

If "Other", please provide details

- (k) Was a sports trainer present at the game? **Yes** **No** **Unknown**

2. (a) What injuries did you receive?

- (b) When did you first consult a practitioner for this injury?

- (c) Is treatment complete for this injury? **Yes** **No**
(If **No** please notify us in writing as soon as it is.)

- (d) Have you returned to playing or training? If **Yes**, when? **Yes** **Date:** **No**

PART 1 – CONTACT / CLAIMANT DETAILS – continued...

3. Were you taken to Hospital by Ambulance? **Yes** **No**
Were you admitted to Hospital? **Yes** **No**
If **Yes** Date from to
Name of Hospital
Address
Suburb Post Code
- Were you an: In Patient Out Patient Name of Attending Doctor
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**
If **Yes**, please give details
5. Have you ever lodged a personal accident claim before? **Yes** **No**
If **Yes**, please give details
6. (a) Are you a member of a Private Health Insurance Fund? **Yes** **No**
If **Yes**, please give details
Fund Name Member Number
- (b) If **Yes**, are you entitled to claim for any of the following benefits? *(tick all that apply)*
- | | | |
|------------------|---------------|---------|
| Private Hospital | Physiotherapy | Dental |
| Chiropractic | Ambulance | Massage |
- Other ancillary services. Please give details
7. If you intend making a loss of wages claim, are you making or entitled to make a claim in respect of this injury for any of the following?
- | | | | | | |
|---|------------|-----------|-------------------------------|------------|-----------|
| Sick Leave | Yes | No | Workers Compensation | Yes | No |
| Motor Government Benefits | Yes | No | Superannuation Life Insurance | Yes | No |
| Income Protection <i>(for example: Personal or via Superannuation Fund)</i> | | | | Yes | No |
| Centrelink Sickness | Yes | No | | | |
- If **Yes** to any of the above,
please give details.



PLEASE NOTE

Original receipts and all statements of any benefit received from any source must be sent to Sportscover as soon as possible. Failure to do so will result in Settlement Delays. Please also remember to **inform us in writing when your treatment is complete**. This will also reduce delays in settlement of your claim.

PART 3 – SETTLEMENT DETAILS

NOTE: For your convenience please complete the direct bank deposit information below. This will provide you with immediate access to the funds as there are no postal or cheque clearance delays.

BANK NAME

BENEFICIARY NAME

BSB NUMBER

minimum 6 digits

ACCOUNT NUMBER

maximum 9 digits

(If you would prefer to have a cheque mailed to you, please tick this box ☐)

CHECKLIST FOR SUBMITTING YOUR CLAIM

Have You:

Completed all sections of the **Claim Form**

Signed the Claim Form (below)

Next Steps:

Obtain a copy of the **teamsheet, scoresheet or injury book** noting your participation and injury

Ask an independent witness to the accident to complete the **Witness Statement**

Ask an official from your club to complete the **Official Report**

Ask your doctor to complete the **Medical Report**

If you are claiming for Loss of Income benefits:

If you are employed, ask your employer to complete the **Employer Statement**

If you are self-employed, ask your accountant to complete the **Accountant Statement**

Complete the ATO **Tax File Number declaration form**

Send each of the above items to Sportscover (email is preferable)

Advise Sportscover when your **treatment has completed** and **send in your receipts**

(email is preferable) from treatment to enable settlement of your claim

PART 3 – DECLARATION AND AUTHORISATION BY INJURED PERSON

(To be signed by parent/guardian if the injured person is under 18 years of age.)

Name

(Surname)

(Given Names)

I hereby authorise any hospital, physician, medical practitioner, medical specialist or any other person who has attended me and/or any employer of mine, past or present, to furnish Sportscover Australia Pty Ltd (SCA) and/or its representatives with any and all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatment, copies of all hospital or medical records and copies of all records of employers including verification of my earnings.

I acknowledge that any personal information that I have or will provide to Sportscover Australia Pty Ltd (SCA) is necessary for and will be used in the processing, assessing, investigation or review of this claim. I hereby authorise SCA and/or its representatives and consent to SCA and/or its representatives and/or its authorised agent to disclose my personal information to or receive it from an investigator, assessor, surveyor, accountant, supplier, health service provider, appointed/authorised broker, account broker and/or broker of the entity/body corporate/organisation insured (Insured), State or Federal Authority, lawyer, another insurer or reinsurer (local or overseas), reinsurance broker, witness or another party to the claim. I will be provided with the opportunity to access my personal information (some restrictions and costs may apply). In respect of any complaint I may have regarding my personal information, I can contact the SCA Privacy Officer.

I agree that a electronically submitted, photocopied or scanned copy of this authorisation shall be considered as effective and valid as the original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

Signature

Date

WARNING: Persons found to have lodged a fraudulent claim are liable for prosecution.

To submit this form to Sportscover,
press the Submit Claim Form button.

Alternatively, you can save the form
and send it via email to:

asiapac.claims@sportscover.com

206 Health Insurance Act 1973

Medical Expenses

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

Generic Sporting Accident 24062021

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.	

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.