

# Claim Assessment Form

This form is used to gather information to assess your claim, including to determine whether you are entitled to benefits as the result of an Accident, and/or whether you should pursue compensation from another source in accordance with our Fund Rules. By completing this form you will be supplying Australian Unity with accurate information needed to assess your claim.

## 1. Your membership details

Your Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	First Name	<input type="text"/>						Surname	<input type="text"/>								

## 2. Condition or injury details

Your condition or injury (e.g. broken wrist, mesothelioma)	<input type="text"/>							
Describe how the condition or injury arose	<input type="text"/>							
Is your condition related to an accident, fall or injury? (including domestic, sporting, vehicle or employment)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Date of accident	<input type="text"/>	Approximate Time	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	AM/PM (Circle one)
Location	<input type="text"/>							

## 3. Employment details

Did your work duties or your employment contribute in any way to your condition or injury?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to Section 4)										
Name of employer	<input type="text"/>										
If self-employed, full name of business	<input type="text"/>	ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does your business hold workers' compensation insurance?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, reason why	<input type="text"/>								
Have you lodged (or do you intend to lodge) a workers' compensation claim?	<input checked="" type="checkbox"/> Yes If yes, please provide details of the status of your claim: <input type="text"/>										
	<input checked="" type="checkbox"/> No If no, reason why: <input type="text"/>										
Name of workers' compensation claims insurer or agent	<input type="text"/>										
Claim number	<input type="text"/>	If your claim was rejected please attach a copy of the rejection letter.									

## 4. Transport accident details

Did your condition or injury arise as a result of a transport accident (includes motor vehicles, motorcycles, pedestrians, bicycles, public transport and both registered and unregistered off road motorcycles or other vehicles)?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, go to Section 5)										
Have you lodged (or do you intend to lodge) a claim with your state or territory transport accident insurer?	<input checked="" type="checkbox"/> Yes If yes, please provide details of the status of your claim: <input type="text"/>										
	<input checked="" type="checkbox"/> No If no, reason why: <input type="text"/>										
If your claim was rejected please attach a copy of the rejection letter.											

## 5. Other compensation details

Are you entitled, or could you be entitled, to claim against any other form of insurance (eg. public liability insurance) and/or to issue proceedings against a third party in relation to the injury or condition?

☐ Yes ☐ No (If no, go to Section 7)

Have you lodged a claim, consulted with a solicitor or commenced proceedings in relation to the condition or injury, or do you intend to?

☐ Yes If yes, please provide details of the status of your claim:

☐ No If no, reason why:

If your claim was rejected please attach a copy of the rejection letter.

## 6. Important information

Under the rules you agree to as an Australian Unity health insurance member, where Australian Unity reasonably forms the view that if you are entitled to claim damages/compensation for your condition/injury from another source you are required to among other things:

- a) inform Australian Unity of any decision to claim for compensation, or not claim for compensation;
- b) keep Australian Unity updated on the progress of your claim and notify Australian Unity of the outcome of your claim (or any future claim);
- c) reimburse Australian Unity for benefits paid or payable in the future in relation to this condition/injury if you receive compensation in relation to that condition/injury, to; and
- d) provide all information relevant to your claim as requested by Australian Unity.

If your claim for compensation is unsuccessful you will not be required to make a repayment to Australian Unity under the above rule. Provision of written legal or other communication confirming denial of compensation will be required. If you do not take reasonable steps to pursue your right to compensation under a statutory compensation scheme, benefits may not be payable for treatment of your condition/injury.

For further information on your rights and obligations as a member visit:

- for overseas visitors cover members, your Member Guide is available here: [australianunity.com.au/ovcimportantdocuments](http://australianunity.com.au/ovcimportantdocuments)
- for all other members, the Fund Rules and your Member Guide are available here: [australianunity.com.au/importantdocuments](http://australianunity.com.au/importantdocuments)

## 7. Solicitor/s or Insurer/s details

If you have appointed a solicitor or contacted an insurer in relation to a claim for your condition/injury, filling out this section will enable Australian Unity to deal directly with them:

Contact name	<input type="text"/>		
Name of firm or insurer	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Phone (office) (if applicable)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Claim number	<input type="text"/>		

Any further information you are able to supply would be appreciated. Please add your own additional paper if needed.

**I authorise Australian Unity Health Limited and its related entities to deal directly with my solicitor/s or insurer/s in all matters relating to my claim for compensation and to disclose to, or collect from them, any of my personal information for that purpose:**

Signature of member or Delegated Authority or Power of Attorney or  
Parent/Guardian (for members under 16)

Date  /  /

## 8. Declaration

I declare the information in this form to be true and correct, and acknowledge and agree to my obligations in Section 6.

Signature of member or Delegated Authority or Power of Attorney\* or  
Parent/Guardian (for members under 16)

Date 

D	D
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M	M
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 / 

Y	Y	Y	Y
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\*Please attach evidence of power of attorney.

### Referral to a lawyer

☐

If you answered 'yes' to the questions in section 3, 4 or 5 above, and you would like to understand your rights to compensation, we can refer you to a Slater and Gordon lawyer. If you tick this box we will securely provide them with your name, phone number and email address and inform them that you may have a worker's compensation/ Transport Accident/ Public Liability or other kind of claim. They will get in contact with you to discuss providing you with confidential, obligation-free, legal advice on your possible entitlement to compensation. We do not receive any payment for referring you to Slater and Gordon and we do not pay Slater and Gordon. If you engage Slater and Gordon they will act for you, not Australian Unity. Engaging Slater and Gordon is voluntary and does not impact your future relationship with Australian Unity. You can opt out anytime by calling 03 8682 7307 or email [healthcompensation@australianunity.com.au](mailto:healthcompensation@australianunity.com.au)

**Privacy Note:** We handle your personal information in accordance with our Privacy Policy available at [australianunity.com.au/privacy](https://australianunity.com.au/privacy) or by calling 13 29 39.



#### Return by post

Australian Unity Health  
Reply Paid 91943, Melbourne VIC 3000  
(No stamp is required)



#### Email

[customerservice@australianunity.com.au](mailto:customerservice@australianunity.com.au)

### Contact us

**13 29 39**  
**[australianunity.com.au](https://australianunity.com.au)**