

Accident Report

This Accident Report is used to assess your claim.

1 Patient details

Complete

Membership number

Title

Surname

First name

Date of birth

2 Condition or injury details

Complete

Nature of your condition or injury

Describe how the condition or injury arose

Is your condition related to an accident, fall or injury? (including domestic, sporting, vehicle or employment) Yes No

If yes, date of accident

Time

Location

3 Employment details

Complete

Did your work duties or your employment contribute in any way to your condition or injury? Yes No (If no, go to section 4)

Name of employer

If self-employed, full name of business

ABN

Does your business hold workers' compensation insurance? Yes No If no, reason why

Have you lodged a workers' compensation claim? Yes No If no, reason why

Name of workers' compensation claims insurer or agent

Claim number

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

4 Motor vehicle accident details

Complete

Did your condition or injury arise as a result of a motor vehicle* accident? Yes No (If no, go to section 5)

Have you lodged a claim with your state or territory motor accident insurer? Yes No If no, reason why

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

*Includes public transport and both registered and unregistered off road motorcycles or other vehicles.

5 Other compensation details

Complete

Are you entitled, or do you feel you should 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 6)

Name of appointed solicitors (if applicable)

6 Declaration

Sign

I agree to provide all information relevant to the above claim as requested by Australian Unity. I declare the information on this claim to be true and correct.

Signature of patient

Date

Please return completed and signed form to:

Australian Unity Claims Department, Reply Paid 9945, Melbourne VIC 8060 (no stamp required) or to customerservice@australianunity.com.au

For further information visit australianunity.com.au or call us on **13 29 39**