Accident Claim Form

Australian Unity
Real Wellbeing

Investment Bond

Please **PRINT** clearly in **BLACK** or **BLUE** pen keeping well within the boxes. Use crosses in the boxes marked with an "**X**".

Applications if for ☐ Ongoing ☐ Adult ☐ Student ☐ Teacher

Important

- Lifeplan must be notified of the claim within 21 days of the accident occurring for claim to be paid.
- Claim form must be submitted within 12 months of accident date (even if treatment is incomplete).
- All accounts must be accompanied by receipts, and be claimed from private health funds where applicable.
- All claims must be accompanied by a Doctor's or Dentist's certificate, stating nature of injury.
- Medicare Legislation prevents payment of benefits for items covered by Medicare. (This includes any gap).
- Benefits are not payable for any pre-existing medical condition, or for any accident resulting from that condition.
- An injury results from an accident if it is caused solely and directly by violent, accidental, external and visible means.

1. Personal Details of Policy Owner

Surname

Given name(s)

Residential address (not a PO Box)

Suburb State

Postcode Country

Phone

2. Personal Details of Insured

Surname

Given name(s)

Date of birth D D / M M / Y Y Y Y

School/Institution

Is there any entitlement to benefits under Worker's Compensation or Third Party? ☐ Yes ☐ No

Is the insured in receipt of a regular income from sporting activities? ☐ Yes ☐ No

If so, was the insured injured as a result of this sporting activity? ☐ Yes ☐ No

3. Accident Description

Place of accident ☐ Home ☐ School ☐ Sport related ☐ Other (specify)

Accident date D D / M M / Y Y Y Y

Please provide full details of accident and injury sustained (please attach further relevant documentation)

4. Claim Details (NOT REQUIRED IF CLAIMING FOR FRACTURE ONLY)

Name of service provider	Typre of service	Dates of treatment	Fees charged
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	
		D D / M M / Y Y Y Y	

Please attach additional sheets if space above is insufficient.

5. Accident Claim Form Checklist

We understand that you would like to settle your claim as quickly as possible. In order to help you, we have prepared this checklist which allows you to determine what documentation you will need to submit your claim so that there is as little delay as possible.

1. All claims must be accompanied by a Doctor's or Dentist's certificate stating nature of injury.

2. Are you claiming for a lump-sum benefit for a broken bone? We require:

- Written confirmation from a medical practitioner or a hospital clearly indicating which bone was broken or fractured. This must be on official letterhead or a Doctor's certificate, or
- An x-ray report.

3. Are you claiming for physiotherapy, chiropractor, dental or ambulance? We require:

- Accounts and receipts.
- Written confirmation from the relevant practitioner stating the treatment received was as a direct result of the accident.

4. Are you claiming for chemist items? We require:

- Itemised receipts indicating the place, date and items purchased.

5. Are you claiming for hire benefits? We require:

- Itemised accounts showing the exact hire cost of each item.
- Itemised receipts.

Please note: no benefit is payable on deposits.

6. Are you claiming for appliances (eg. an ankle brace)? We require:

- Written confirmation on official letterhead stating that the appliance is required to assist in the healing treatment of the injury.
- Accounts and receipts.

Please note: no benefit is payable for appliances used as a preventative treatment.

7. Are you claiming for optical or dentures? We require:

- Accounts and receipts.

Please note: benefits are only payable for items which are connected with another claimable benefit.

8. Are you claiming for tutorial expenses? We require:

- A Certificate of Sickness stating that the child was absent from school for at least three consecutive days.
- Accounts and receipts.

9. Are you claiming for a funeral? We require:

- A copy of the death certificate.
- Accounts and receipts.

6. Declaration

I hereby declare that all statements made in this Claim have been truthfully made and I have not withheld any information which may affect the outcome of this Claim. I understand that if it is proven that I have not told the truth or have misled the Society in any way, my registration in the Accident Fund shall be terminated immediately and all rights to benefits forfeited.

I authorise any Doctor, hospital authority or any other person(s) involved in any treatment to make available to the Society or its Agents any information connected with the injury. I acknowledge that all costs incurred in providing the Society or its Agents with this information are to be paid by me.

Should it be requested, I am willing to make an Affidavit before a Justice of the Peace (or other person so authorised to administer such an Oath) stating that all statements made in this Claim are truthful and not misleading, and any other information that may be required by the Society.

Signature of policy owner

X

Date D D / M M / Y Y Y Y

OFFICE USE ONLY

Policy owner's membership number		Cheque payee	
Policy number		Claimant number	
Claim number		Cheque number	
Date sent		Date paid	D D / M M / Y Y Y Y
Sent by		Paid to date	
Comments		Policy owner confirmed that policy held for private purpose.	X

Return by email

enquiries@australianunity.com.au

Post

(together with any identification documents where relevant)

Australian Unity - Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
GPO BOX 4397 Melbourne VIC 3001

Contact us

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