point INSURANCE
next gen ACCIDENT & SICKNESS

CLAIM FORM: ACCIDENT AND BROKEN BONES

Policy Number

YOUR INFORMATION

School Name

Student Name

Full Address

Parent/Guardian Name

Telephone Mobile

Email Address

Date of Birth

__ __ / __ __ / __ __ __ __

Sex: Female ☐ Male ☐

School Address

School Telephone Number

School Contact Name

School Email Address

ACCIDENT DETAILS

Location where accident occurred

Date of accident

Time of accident

AM ☐ PM ☐

Please describe how the injury/accident occurred:

Please advise the extent of the student's injuries:

Is there any other condition past or present affecting the student's current disability? Yes ☐ No ☐

If yes, please provide details:

Has the student previously been treated for the same or similar injury? Yes ☐ No ☐

If yes, please provide full details including how long the student was away from school:

TREATMENT

Was Emergency Transporation required? e.g. Ambulance Yes ☐ No ☐

When did the student first obtain treatment from a doctor? Date: Time:

Name of Treating Doctor:

Address of Treating Doctor:

Is this doctor still treating the student for the injury? Yes ☐ No ☐

Is this doctor still treating the student's regular doctor? Yes ☐ No ☐

If no, please provide name and address of the student's regular doctor.

Name

Address

Is the student covered by Private Health Insurance? Hospital Yes ☐ No ☐ Extras Yes ☐ No ☐

If yes, please provide name and membership number:

Name: Membership Number:

Have you claimed medical expenses under Private Health Insurance? Yes ☐ No ☐

(If you are a member of a Private Health Insurance Fund please lodge your claim prior to submitting this accident claim.)

AUTHORITY TO GIVE INFORMATION

I/we hereby authorise any doctor or medical attendant who has treated _____ (insert student name) to give the insurer such information as it may require regarding any injury or illness or physical or mental condition or prognosis, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were the original.

Name of Parent or Guardian:

_____ _____

Signature of Parent or Guardian Date

PRIVACY NOTICE

National Privacy Principals. A copy of our Privacy Policy is available on our website at www.pointinsurance.com.au or by contacting our customer relations team on 1300 362 766.

Your personal information will be used by Point, or any third party that Point provides the information to, for the purposes of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes. Your personal information may include:

- Any information provided in relation to your claim;
- Any information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you or your Health Insurance Claims history, including Medicare;
- Any information relating to any relevant insurance policy, including terms and conditions and claims history;
- Details of your employment including position, period of employment, remuneration, hours worked and duties performed;
- Any other information in relation to your income, assets, liabilities and solvency; and
- Any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefitTo process your claim, Point may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (e.g. Centrelink or the Australian Tax Office), your doctor or other health service provider, your employers (past and present) and / or your accountant.

Point may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other insurers, our reinsurers, and government agencies including the police (where we are compelled to by law). These third parties may be located outside Australia. Point may also disclose your personal information to witnesses in relation to your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our office on 1300 362 766 or email enquiries@pointinsurance.com.au.

MEDICAL CERTIFICATE
TO BE COMPLETED BY THE ATTENDING PHYSICIAN

The claimant must obtain, at their own expense, the completion of this certificate from a duly qualified and registered medical practitioner. The medical practitioner is requested to declare below in the event that they are unable to answer from their own personal knowledge.

We advise that any information received by or requested from you by Point Underwriting Agency Pty Ltd is handled in accordance with the relevant privacy legislation. Should you wish to obtain a copy of our Privacy Policy, it is available upon request or you can visit our website at www.pointinsurance.com.au.The information provided in this medical certificate is a truthful, comprehensive and accurate account of the patient's medical condition, medical history and level of disability.

Name of Patient

Address

Postcode

Are you the patient's regular physician? Yes ☐ No ☐

If yes, how long have you known the patient? Years Months

Please describe the patient's injury

Date of first consultation for this condition

Has the patient previously suffered from the same or similar injury? Yes ☐ No ☐

If yes, please provide the date and diagnosis.

Date Diagnosis

How long has this condition, in your opinion, been in existence whether or not it has been treated?

Present Condition	
Prognosis	
Nature of Operation (if any)	

Name of physicians who previously treated patient for the above condition:

Name

Name

Name

Are the patient's symptoms: Due exclusively to the accident Yes ☐ No ☐ Traceable to pre-existing or any other cause Yes ☐ No ☐

Is there anything in the patient's medical history, which may have contributed, directly or indirectly, to the injury, or which may be likely to extend the patient's recovery? Yes ☐ No ☐

If yes, please describe.

Is the patient still under your care for this condition? Yes ☐ No ☐

If not, on what date did you release the patient to perform regular duties?

Have you any reason to suppose that the patient was under the influence of intoxicants or drugs at the time of the accident? Yes ☐ No ☐

If hospitalised, please provide dates: From To

Name of Hospital

Please provide dates patient was totally disabled From To

In your opinion, probable further disability should not exceed Days ☐ Months ☐ Years ☐

IMPORTANT NOTE

In order to avoid any delays with the processing of your patient's claim: Please attach copies of any X-Ray, CT, USS, MRI scans and / or Hospital Admission / Discharge Summary.

Name of physician

Doctor's official stamp (quickest option)

Qualifications

If you are unable to provide info via this doctors stamp, please complete contact details below.

Address

Phone Number

Signature

☐☐ / ☐☐ / ☐☐☐☐

Date

ELECTRONIC FUNDS TRANSFER (EFT) DETAILS:

Following approval of your claim, should you wish to have your claim transferred directly into your bank account, please provide the following details:

Name of Financial Institution:

Account Name:

BSB:

Account Number:

Please note that we are not liable for any bank processing fee incurred by you.

PARENT OR GUARDIAN DECLARATION

I hereby declare, for and on behalf of the Insured that the foregoing statements are true and correct:

Name:

Relationship to student:

Signature

Date

SCHOOL DECLARATION

I certify that _____ is/was enrolled at _____ school at the time of the injury. I hereby certify that the particulars shown on this form are, to the best of my belief and knowledge, true and correct.

Name:

Position

Signature

Date

Email: claims@grangeinsurance.com.au
Phone: 1300 362 766
Mail: PO Box 744, Manly 1655

About Us

We are Point Underwriting Agency Pty Ltd (Point) (ABN: 53 605 479 070, AFS Licence No. 477471), authorised by the Australian Prudential Regulation Authority to carry on general insurance business in Australia.

Privacy

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A copy of our Privacy Policy is available on our website at www.pointinsurance.com.au or by contacting our customer relations team on 1300 362 766.