Student Personal Accident Insurance Claim Form

AIRS
ANGLICAN INSURANCE AND RISK SERVICES

Dear Parent / Guardian,

This document has been provided to you following an injury to your child whilst at School or participating in a School activity. The School has in place a Student Personal Accident Insurance Policy that may be able to respond with a small lump sum payment or contribution to costs in this instance (subject to the Policy T&Cs). In assessment of your claim there is no requirement to establish fault, just that an injury has occurred to an insured student at a School activity. The School will be providing a copy of the Incident Report to the Insurer to confirm this.

To complete this form electronically, open in PDF format, select Fill & Sign option. When finished, Save and attach to submission email.

Important Information regarding your insurance claim:

1. Please ensure all relevant questions are answered fully and the form is signed.
2. Ensure you read and understand the Privacy and Disclosure Statements that are part of this form.
3. Ensure that all necessary documentation specified is attached to this claim form.
4. To lodge your claim, email this and attaching documentation to claims@airs.org.au. Following initial lodgement, Accident & Health International (the Insurer) claims handlers may liaise directly with the Parent/Guardian nominated below.
5. Claims may be subject to an excess as described in the Policy. The most common is $100 excess for Out of Pocket Medical Expenses. Please note the Insurer is prohibited from contributing to Medicare gap costs.
6. You will also need to confirm whether Private Health Insurance has contributed to costs to avoid dual reimbursement.
7. You may digitally sign this claim form before returning it to the Policy Holder Contact / Insurance Officer, with attaching documentation.

To assist the Insurer with consideration of your claim as soon as possible please complete ALL questions in full.

It is important you provide honest, complete, up-to-date and relevant information when completing this form.

Section 1: Policy Details

Policyholder						
Policyholder Contact	Name		Email		Phone	
Policy/Certificate Number				Expiry Date		
School's Name						
School Contact	Name		Email		Phone	

Claimant Details

School's Name						
Student Surname		First Names				
Student Date of Birth		School Grade				
Parent /Guardian Surname		First Name				
Home Address		State		Postcode		
Postal Address		State		Postcode		
Phone Numbers:	Private		Business		Mobile	
Parent Email Address						

What are you claiming for? (eg. Temporary Total Disablement, Out of Pocket Medical Expenses)

Electronic Funds Transfer Details

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

Australian Bank Account Details

Name of Financial Institution		Account Holder's Name	☐
BSB Number		Account Number	

Section 2 - Claims for Injury

What is the injury or claimable event?	
If injury, how exactly did it occur?	i.e. playing sport, etc.

When did the injury or claimable event occur, or when was it first diagnosed?			
Did the injury or the claimable event cause you to stop attending School?	☐Yes ☐ No	If Yes, when?	
Have you returned to school full-time?	☐Yes ☐ No	If Yes, when?	
Have you returned to school part-time?	☐Yes ☐ No	If Yes, when?	

Who is your usual family doctor?

Name	
Address	
Phone Number/s	

When did you first get treatment from a medical practitioner for this condition?	
Doctor's Name	
Address	
Telephone Number	

Have you consulted any other medical practitioner for this condition? If Yes, give details			☐Yes ☐No
Doctor's Name			
Address			
Telephone Number		Period	
Did you go to hospital? If Yes, give details			☐Yes ☐No
Hospital Name			
Address			

Dates of Admission and Discharge	Admission		Discharge	
Number of Days in Hospital				

During the 24 hours before the injury, did you drink any alcohol or take any medications? If Yes, give details	☐Yes ☐No
State types & quantities	

Have you ever had this or a similar condition in the past? If Yes, give details	☐ Yes ☐ No
Date(s),	
Treatment received	
Name of treating Doctors/Specialists	
Addresses of Doctors/Specialist who treated you	

What other significant medical or surgical treatment have you received in the past 5 years? Please give details below

Date(s)	
Nature of the condition(s) treated	
Name of treating Doctors/Specialists	
Addresses of Doctors/Specialist who treated you	
Are you affected by any other long term or chronic disability? If Yes, give details	☐ Yes ☐ No

Section 3 - Other Insurance/Benefits

Are you claiming insurance or compensation from any other insurance company? eg. Traffic Accident Commission, sports body. If Yes, give details below	☐ Yes ☐ No		
Name of insuring organisation/employer & telephone number			
Name of Insurer		Telephone No.	
Type of cover		Amount claimed per week	
Do you have private health insurance?	☐ Yes ☐ No	If Yes, give details	
Do you have ambulance cover?	☐ Yes ☐ No	If Yes, give details	

Section 4 – Claims for Benefits for Injury or claimable event

Not all Policies provide these Benefits. Please only complete if applicable. Are you claiming for:

- homecare or income replacement after major surgery
- childminding or income replacement after a child's accident
- home tuition fees after a child's accident
- medical expenses not covered OR contributed to, by Medicare
- damage to personal property Give details, specifying each item

Item	Amount A$	Private Health Contribution	Net Claimed

Please attach invoices or other evidence of the expenses you have incurred or receipts for damaged property.

Accident & Health International, Claim Privacy Consent and Declaration

Claim Privacy Consent

As part of the claims process dealings with the Insured and Insured Persons, AIRS/Insurers may need to collect personal information (which may include sensitive information) in order to help us/them properly administrate the claim. The Insurer will usually collect this information directly from the Insured or Insured Person where possible, but there may be occasions when AIRS/Insurer collects this information from a third party such as an Diocese / School.

AIRS/Insurer will only use information for the purposes for which it was collected, other related purposes and as permitted or required by law. The level of quality and/or quantity of information provided may affect AHI's ability to provide insurance cover as needed.

For more details on how AHI collects, stores, uses and discloses personal information, please read AHI's privacy policy located at www.ahiinsurance.com.au. Alternatively, contact AHI at privacy@ahiinsurance.com.au or call (02) 9251 8700 to request a copy be sent.

It is recommended to obtain a copy of this privacy policy and read it carefully. By lodging this claim and providing AIRS/Insurer with collected personal information, agreement is granted to AIRS/Insurer to this information being collected, stored, used and disclosed as set out in the Privacy policy.AHI's privacy policy also contains information about how to access and seek correction of collected personal information, complain about a breach of the privacy law, and how AHI will deal with a complaint.

In so far as it is relevant to the claim, the Claimant's personal information may include:

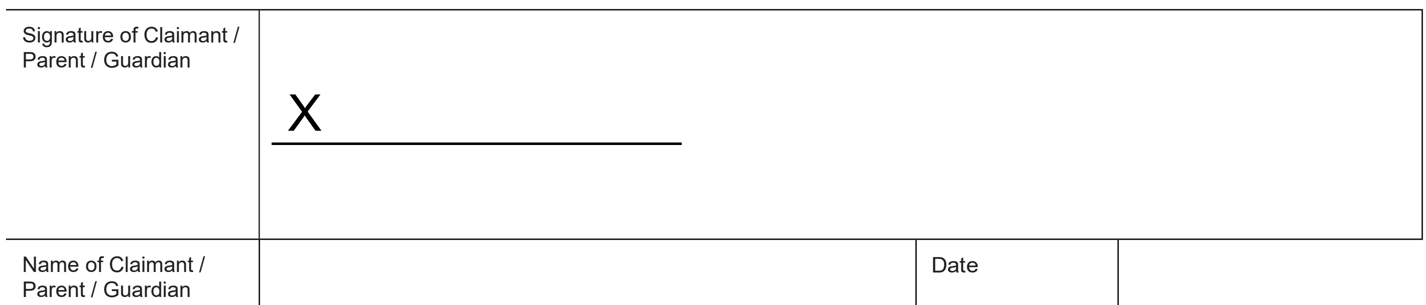
a) information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your health insurance claims history, including Medicare;
b) information relating to other insurance policies, including terms and conditions and claims history;
c) details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time);
d) information relating to your income, assets, liabilities and solvency;
e) information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit;
f) payment or billing information, such as bank account details, direct debit and credit card details or premium funding and insurance payment arrangements; and
g) any other personal information that you may provide to AHI or its third party contractors.

Privacy Consent, Declaration and Authority

I: ____

- consent to the collection, use and disclosure of my personal information in accordance with AHI's Privacy Policy and this document for the assessment of my claim. This consent remains valid unless I alter or revoke it by giving written notice to AHI as outlined above;
- understand that by investigating my claim or by accepting proof of my claim, AHI has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the insurance policy;
- agree to use my best endeavors and render all reasonable assistance and co-operation to AHI in the assessment of my claim;
- confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim;
- understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- authorise any person or entity, including but not limited to the third parties referred to above, to provide to AHI such personal information as AHI considers relevant for its assessment of my claim;
- authorise AHI to disclose my personal information (including sensitive/health information) to other third parties referred to above (who may be located overseas) where relevant to the assessment of my claim;
- appoint AHI to do everything necessary including to execute on my behalf any documents or do such acts as required to give effect to this Privacy Consent, Declaration and Authority.

Please note if you do not consent to the terms of this Privacy Consent or revoke your consent, Chubb may not be able to process or assess your claim.



Signature of Claimant / Parent / Guardian	X ______________________		
Name of Claimant / Parent / Guardian		Date	

Section 5 – Medical Practitioner's Statement to the Company

The Claimant is responsible for any fee for this statement. This form should be completed and returned to Chubb promptly.

Patient's Full Name					
Height	cms	Weight	kgs	Date of Birth	

Diagnosis (if fracture or dislocation, describe nature and location i.e. Simple, Compound

Cause:

If available please provide a copy of X-ray report

Is this condition an injury ☐ or an illness ☐

Does the patient have any other injury or illness that is contributing to the condition? eg: Osteoporosis	☐Yes ☐No
If Yes, give details	
Is condition due to injury or sickness arising out of the patient's employment?	☐Yes ☐No
If Yes, give details	
Was the disability sports related?	☐Yes ☐No
If Yes, give details	
Date of onset/first symptoms?	
When did the patient first consult you for this condition?	
Has the patient ever had the same or similar condition?	☐Yes ☐No
If Yes, give details	
How long have you been the patient's usual doctor/medical practice?	years

Has the patient been hospitalised?	Date of Admission		Date of Discharge	

Name of Hospital	
Name of patient's usual doctor/medical practice	
Has the patient had surgery or is it anticipated?	☐Yes ☐ No
If Yes, give details	

Date performed or anticipated		Name of hospital	

Did you provide other medical services (including pathology) to the patient?		☐Yes ☐ No
If Yes, itemise, date, give details		
Was the patient referred by you or to you?		☐Yes ☐ No

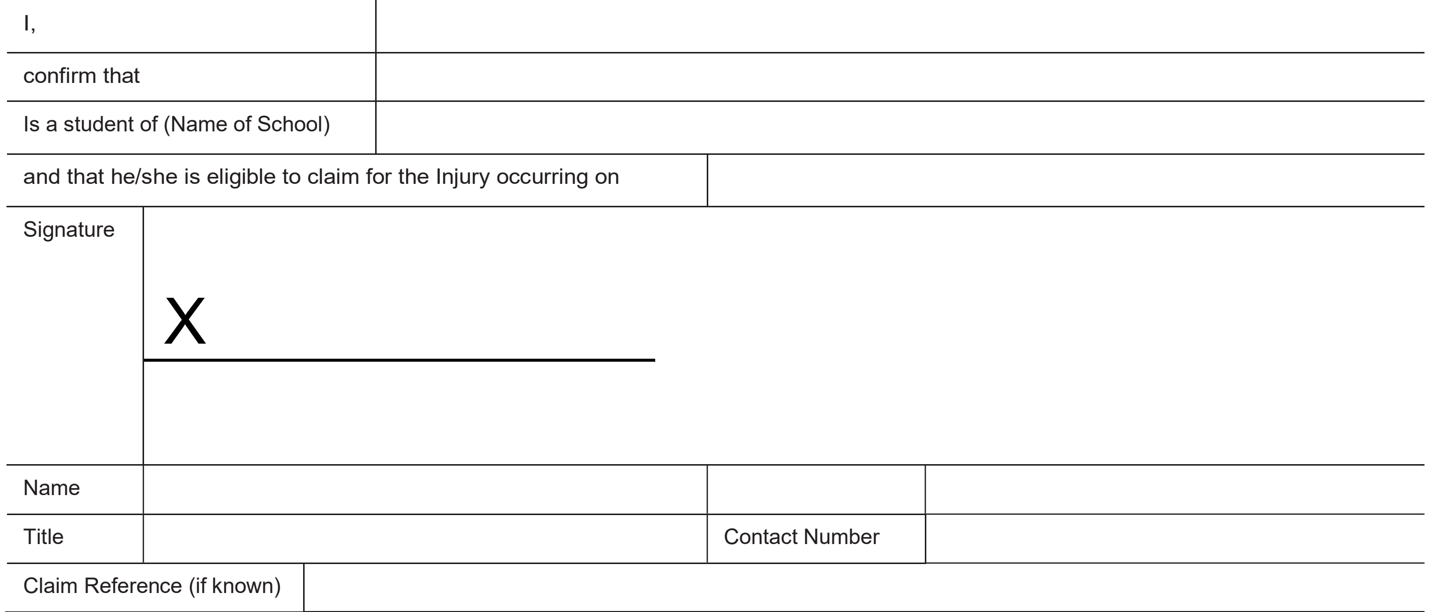
Section 5 – Medical Practitioner’s Statement to the Company cont.

Please provide:

Name of referring doctor	
Address of referring doctor	
Date of referral	

Signature of medical practitioner			
Name - print		Date	
Qualifications			
Address			
Telephone Number			

To Be Completed by the Insured for all Claims on Group Personal Injury Policies



I,	
confirm that	
Is a student of (Name of School)	
and that he/she is eligible to claim for the Injury occurring on	
Signature	X ______________________
Name	
Title	Contact Number
Claim Reference (if known)	

About AIRS

AIRS (Anglican Insurance and Risk Services) Ltd, formally known as ANIP, is one of Australia's largest faith-based not-for profit insurance programs with a comprehensive range of insurance and risk management services tailored to the unique needs of Anglican Churches, Schools and Care organisations.

AIRS is not an insurer nor a broker, it is a member services organisation. As a not-for-profit and ACNC registered charity, our focus is on delivering value for our members, not for shareholders.

AIRS Members interact with the program through the AIRS National office, where each year we engage on a broader market level with insurers and service providers in partnership with our appointed broker Marsh to coordinate the placement of insurance for thousands of properties, volunteers and students across Australia. At all stages of the process from program design and placement, to claims support and ongoing personalized service, we're proudly Anglican and proud to continue to advocate for our members throughout every step in the insurance process.

Anglican Insurance & Risk Services Ltd
ABN: 46 633 941 698
Suite 5, Level 5, 55 Swanston Street
MELBOURNE VIC 3000

Website: www.airs.org.au
Email: info@airs.org.au
Phone: (03) 9650 5988
Claims Ph: 1300 927 523
Claims Email: claims@airs.org.au

About Accident & Health International (AHI)

Accident & Health International Underwriting Pty Limited, ABN 26 053 335 952, AFS Licence No. 238261 (AHI) is an underwriting agency specifically created to provide Personal Accident, Medical and Travel insurance. AHI acts on behalf of Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF), with full authority to quote and issue contracts of insurance, collect premiums and pay claims.

For any queries about this Policy, please contact the appointed insurance advisor. Their details are shown in the Policy Schedule. In the event there is no appointed advisor, please contact AHI. Their details are in this document.

The Insurer: Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291,
AFS Licence No. 246548 (TMNF)

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