JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Important Information: Letter to Claimant

Dear Indoor Sports Victoria member,

Please find following a claim form. Before lodging this form, please ensure all sections are fully completed. Failure to complete all sections of this form properly may delay settlement of your claim.

1. Only one claim form (per injury) is required. A claim form should be completed and submitted as soon as you become aware that you will be making a claim. You do not have to wait until after you have completed treatment for your injury to lodge your claim form.

2. Please ensure that you fully complete Sections A and sign and date the Declaration.

3. Please ensure that a Centre official completes and signs the Declaration within Section B.

5. For claims involving Non-Medicare medical expenses:

   b) Medical treatment must be certified necessary by an attending physician and incurred within Australia (An attending physician includes a general practitioner, physiotherapist, chiropractor, dentist).

   a) Have your Attending Physician complete the "Attending Physician" statement within Section D.

6. Please attach all original receipts (unless retained by your health fund). Hospital claims must be accompanied by an itemised receipt. If treatment is covered by your Private Health Fund please send their rebate advice with a copy of the relevant account.

Please note:

No cover is provided for Surgeons, Anaesthetists, Doctors, X-rays or other accounts which are partially or wholeally covered by Medicare. The Australian Health Insurance Act does not permit us to contribute to any charges covered by Medicare (including the Medicare Gap).

The insurer will pay a percentage of the amount, as indicated in the Policy schedule for non-Medicare items including private hospital accommodation, dental, ambulance (if not otherwise covered), chiropractic, physiotherapy, osteopath, naturopath and massage .

Subject to the Insurance Contracts Act 1984 any treatment rendered necessary by injury must be completed within 12 calendar months from the date of such injury occurring.

7. Once you have completed all relevant sections of the claim form, please forward with receipts and any related documentation to **Sportscover Australia Pty Ltd, Locked Bag 6003, Wheelers Hill, VIC 3150.**

8. Please keep a copy of all documents pertaining to your claim.

9. All claims must be submitted to Sportscover **within 180 days** from the date of injury.

10. Sportscover will confirm receipt of your claim and provide you with a claim number, or contact you should they require further information.

11. Once you have received your Claim Number, you can forward further Non-Medicare Medical receipts to Sportscover as your treatment continues (for up to 12 months from the date of injury).

12. Your reimbursement cheque or EFT transfer will be sent to you directly by Sportscover Australia Pty Ltd.

13. Once your claim is registered, you can submit ongoing invoices via Sportscover Australia Pty Ltd – **Locked Bag 6003, Wheelers Hill, VIC 3150.**

Sportscover Australia Pty Ltd can also be reached on **1300 134 956** should you wish to make enquiries relating to the progress of your claim.

If you have any further queries relating to your claim, please do not hesitate to call the JLT Sport Team on 1300 130 373.

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

General Information

This insurance cover is underwritten by:-

Lloyds of London through Sportscover Australia Pty Ltd
ABN 43 006 637 903
271-273 Wellington Road, Mulgrave, VIC 3170

1. This information is only a summary of the cover provided. The policy schedule and wording detailing full terms, conditions and exclusions is available on the JLT Sport website.

2. JLT Sport has arranged this insurance program to provide benefits to those registered participants of Indoor Sports Victoria who, through injury or accident, incur financial loss and who would otherwise not have received assistance. The programme seeks to provide benefits to those most exposed and to maintain protection at the lowest possible cost to membership. It therefore cannot provide 100% cover or a benefit for every loss that occurs. Federal Government Legislation prevents insurance companies from paying any insurance benefit for a medical service that is covered by Medicare. This legislation also applies to the Medicare gap. In addition to these policies all members and officials are encouraged to take out private health insurance.

3. Indoor Sports Victoria is not and does not represent itself as a registered insurance broker by endorsing the products outlined in this claim form.

Who is JLT Sport?

JLT Sport is the recommended broker for the Indoor Sports Victoria Risk Protection Programme. As a division of Jardine Lloyd Thompson Pty Ltd, JLT Sport is Australia's leading provider of insurance and risk protection for the sport, recreation and fitness industries

Collection Statement under the Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

We may collect personal information about you by means of the enclosed document.

We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.

The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.

By providing the information requested in the attached document, you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.

If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.

You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.

To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided, as they occur.

If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent.

For further information contact your JLT Client Risk Adviser or the JLT Privacy Officer:

Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000 Telephone: (02) 9290 8000

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Section A: Claimant's Details

PERSONAL INFORMATION:

Claimant's Name: _____ (First Name) _____ (Surname)

Postal Address: _____ (Street Address) _____ (State) _____ (Postcode)

Contact Details: _____ (Email Address) _____ (Contact Number (Mobile Preferable))

Personal Details: ___/___/___ (Date of Birth) ○ Male ○ Female (Gender) ___/___/___ (Date of Injury) ___:___ AM / PM (Time of Injury)

Occupation: _____ Team/Club Name: _____

Sport played at time of injury: _____ Centre Name: _____

Describe your injury and how it happened (please attached additional pages if required):

INJURY RESEARCH DATA:

When did the injury occur? ○ Warm Up ○ Warm Down ○ Training/Lesson ○ Competition/Event ○ Other_____

Type of involvement? ○ Recreational ○ State levels ○ National levels ○ Elite/international

Injured Person? ○ Athlete/Participant ○ Coach ○ Judge ○ Official ○ Other_____

How did the injury occur? ○ Fall ○ Slip/Trip ○ Collision ○ Slip/Trip ○ Overbalance

Surface Conditions: ○ Wet ○ Dry ○ Muddy ○ Indoor ○ Other

What were you attempting to do at the time of injury? ○ New skill or activity ○ Pre-learnt skill or activity ○ General activity ○ Other

Resumption date(s): ___/___/___ (When will you resume WORK?) ___/___/___ (When will you resume TRAINING?) ___/___/___ (When will you resume PLAYING?)

Private Health Cover: ○ Yes ○ No _____ (Do you have Private Health Insurance? / If YES, what is the name of your Private Health Insurance Provider?)

Private Health Coverage: ○ Dental ○ Physiotherapy ○ Ambulance ○ Hospital

Ambulance Membership: ○ Yes ○ No

PAYMENT DETAILS:

Payee details: ○ Myself ○ Other _____ (To whom should we make payment? / Payee Name)

If compensation by cheque: _____ (Payee Postal Address)

If compensation by EFTPOS: _____ (Bank) _____ (Name on Account) _____ (BSB) _____ (Account Number)

CLAIMANT DECLARATION:

By signing the declaration below, you confirm and agree to the following:

A. The injury was sustained accidentally during a Indoor Sports activity and is not a pre-existing illness or condition.

B. You have viewed, read and understood the Product Disclosure Statement (PDS) at www.jltsport.com.au

C. You understand that the Health Insurance Act 1973 (Cth) prohibits the Insurer from reimbursing costs that are registered with Medicare (including the Medicare Gap).

D. You acknowledge and agree to the information contained herein (including personal information) being shared with authorised members of JLT, the insurer, and the Claims Managers.

E. You authorise any hospital, physician or other person who has attended to your injury, or any employer, to furnish JLT's representatives with any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatments, copies of all hospital or medical records and copies of employment records.

F. You agree that a photocopy or electronic version of this authorisation shall be considered as effective and valid as the original.

G. You declare that the forgoing particulars are true and accurate in every detail. You agree that if you have made, or shall make, in any further declaration regarding this injury, any false or fraudulent statements or suppress or conceal or falsely state any material whatsoever, the covers shall be void and all rights to recover there under for past or future injuries shall be forfeited.

H. You authorise any and all information regarding claims with any other insurer to be released to JLT's representatives.

Claimant's Signature* _____ Date: ___/___/___

*Parent or Guardian if under 18 years

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Section B: Centre Declaration

CLUB DETAILS:

Claimant's Name: _____ _____
First Name | Surname

Centre Name: _____

Centre Contact: _____ _____
Centre Contact Person | Position within Centre

Contact Details: _____ _____
Contact Phone Number | Email Address

Affiliation Confirmation: ○ Yes ○ No
Is the Centre Affiliated with Indoor Sports Victoria?

INJURY DETAILS:

Date/Time: / / _____ AM / PM
Date of Injury | Time of Injury

Circumstances: ○ Playing ○ Training ○ Travelling ○ Other

Opposition Team Name: _____
If applicable

Location: _____
Where did the injury occur?

Resumption date(s): ○ Yes ○ No / /
Has the Claimant returned to TRAINING? | If YES, date Claimant returned?

○ Yes ○ No / /
Has the Claimant returned to COMPETITION? | If YES, date Claimant returned?

CENTRE DECLARATION:

By signing the declaration below, you confirm and agree to the following:

A. You are an authorised representative of, and you are acting on behalf of, the Claimant's Centre (as above).
B. After reasonable inquiry, you confirm the injury details supplied herein are true and accurate.
C. You declare the Claimant's injury was sustained accidentally during the activity noted above and is not a pre-existing illness or condition.
D. The Claimant was a registered and financial member of this Indoor Sports Victoria centre at the time of injury, and was entitled to insurance cover at the time of injury.
E. You confirm the centre's level of cover as per the details provided above.

Centre Representative's Name:			
Position at Centre:			
Centre Representative's Signature:		Date:	/ /

WITNESS STATEMENT:

A Statement from anyone who has witnessed your accident is required. Please have a witness provide a full description of the incident giving rise to the claimant's injury, as seen by the witness:

Witness's Name:			
Witness's Address:			
Official's Signature:		Date:	/ /

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Section C: Loss of Income

TO BE COMPLETED BY THE CLAIMANT:

Have you ever made previous claims in respect to a personal accident insurance policy or plan? ○ Yes ○ No

Have you engaged in any other income earning employment since you became injured? ○ Yes ○ No

TO BE COMPLETED BY THE CLAIMANT'S EMPLOYER (OR ACCOUNTANT IF SELF-EMPLOYED):

Claimant's Name: _____ (First Name) _____ (Surname)

Employer/Business: _____ (Employer/Company Name) _____ (Contact Person)

Postal Address: _____ (Street Address) _____ (State) _____ (Postcode)

Contact Details: _____ (Email Address) _____ (Phone (Bus. Hours)) _____ (Mobile)

Employment Status: ○ Full Time ○ Part Time ○ Casual ○ Self Employed

Employment Details: $ _____ (Employee's NET weekly salary) $ _____ (Employee's GROSS week salary) _____ (Date Employee commenced with company.)

If Self-Employed or Casual, please provide average weekly salary based on 12 month period directly prior to injury.

Injury Details: _____ (Date employee ceased work) _____ (Date expected to resume duties)

Returned to Work: ○ Yes ○ No _____ (Has the Employee returned to work? / If YES, what date did the Employee return?)

Salary Received: ○ Yes ○ No If YES, what for?

During the period of incapacity, has the employee received a salary?

Sick Leave: ○ Yes ○ No Amount Paid: $ _____ from _____ to _____

Annual Leave: ○ Yes ○ No Amount Paid: $ _____ from _____ to _____

Other: ○ Yes ○ No Amount Paid: $ _____ from _____ to _____

Net of business expenses, personal deductions and income tax; excludes bonuses, commissions and all other allowances. Excludes income derived from playing sport.

EMPLOYER'S DECLARATION:

By signing the declaration below, you confirm and agree to the following:

A. You are the Claimant's current employer (or accountant if the claimant is self-employed),

B. After reasonable inquiry, you confirm the employment and salary details supplied herein are true and accurate,

C. You will supply upon request any further information as required for the determination of this claim.

Employer's Signature: _____ Date: _____

** Accountant's signature (if claimant is self-employed)*

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Section D: Physician's Report

This section must be completed (in full) by your attending physician.
An attending physician includes a general practitioner, physiotherapist, chiropractor or dentist.

THIS SECTION MUST BE COMPLETED WITHOUT EXPENSE TO JLT SPORT

PHYSICIAN'S REPORT

Claimant's Name: _____ _____
First Name | Surname

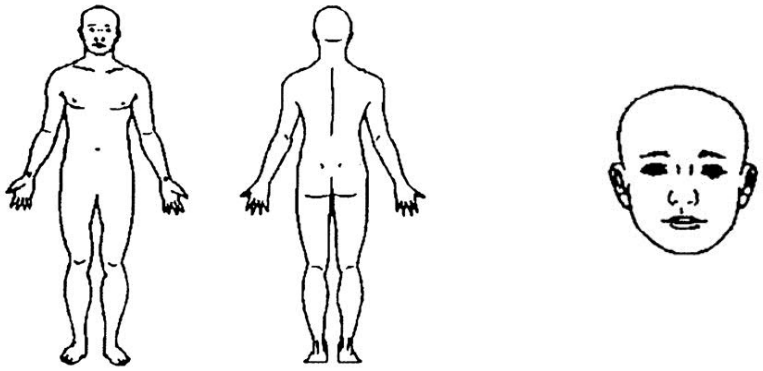
Physician's Details: _____ _____
Physician's Name | Phone Number

Injury Consultation: / / _____ / / _____
Date of Injury | Date of Consultation

Diagnosis/History of injury:

Injury Location:
○ Ankle ○ Arm ○ Dental ○ Facial ○ Foot
○ Hand ○ Head ○ Internal ○ Knee ○ Lower Leg
○ Shoulder ○ Spinal ○ Torso ○ Upper Leg

Please mark (×) the anatomical location below:



Injury Type:
○ Amputation ○ Bruising ○ Concussion ○ Cut ○ Death
○ Dental ○ Dislocation ○ Fracture/Break ○ Rupture ○ Sprain
○ Strain ○ Fatigue/Debilitation

First Medical Treatment: / / _____
Date of treatment | Name of attending physician

Do you consider the Claimant's injury to be a NEW injury? ○ Yes ○ No

Do you consider the Claimant's injury to a recurrence of a previous injury? ○ Yes ○ No

If YES, please provide details and a description:

Does the Claimant have any congenital defects or chronic deases? ○ Yes ○ No

If YES, please provide details and a description (dates, name of treating doctor, etc):

Continued next page.

JLT Sport Personal Injury Claim Form

Indoor Sports Victoria Risk Protection Programme

Section D: Physician's Report *continued*

PHYSICIAN'S REPORT

Have you referred the patient to any other services or treatment? ○ Yes ○ No

If YES, please provide details below:

Physiotherapy: ○ Yes ○ No _____
If YES, approx. number of treatments required.

Chiropractics: ○ Yes ○ No _____
If YES, approx. number of treatments required.

Surgery: ○ Yes ○ No _____
If YES, please provide details

Other: ○ Yes ○ No _____
If YES, please provide details

Has the Claimant been able to do any work since the injury occurred? ○ Yes ○ No

What date do you advise the Claimant to return to playing sport? / /

If YES, please provide details

PHYSICIAN'S DECLARATION:

By signing the declaration below, you confirm and agree to the following:

A. You have examined the Claimant's injury as described on this form;

B. You declare that all information provided by you and supplied herein is true and accurate.

Physician's Signature: _____ Date: / /

For more information, please refer to JLT Sport's web site:

www.jltsport.com.au