

Personal Accident Claim

Gow-Gates Insurance Brokers ABN 12 000 837 785 AFSL 245432



Workers Compensation Claim Number

Insurer Claim Number

Policy Number

Important information – read before completing this form.

- Please answer ALL relevant questions concerning your claim and make sure you attach a copy of your workers compensation claim form and medical certificates.
- If you have a secondary occupation you need to provide the last 12 months' proof of earnings.
- If you are self-employed you need to provide the last 12 months' proof of earnings.
- Please ensure both declarations are signed and completed.

Failing to complete ALL the relevant questions may delay your claim. If a question is not applicable to you please write N/A or strike through the question. Please PRINT your answers and use black or blue pen. Please tick (P) where applicable

Please return your completed claim form to:

Gow-Gates Claims Manager (Racing NSW Jockeys)

Email: ahclaims@proclaim.com.au

Phone: 02 9287 1302 if you require assistance

Note: The issuing of this form is not an admission of liability

The Insured					
Insured Claimant	Racing NSW				
	Surname		Given Name(s)		
Are you registered for GST?		No ☐ Yes ☐		What is your ABN?	
Address					
				State	Postcode
Contact number(s)	Home			Work	
	Mobile			Email	
Date of birth (dd/mm/yyyy)				Sex	Male ☐ Female ☐
Secondary occupation (If applicable)					
Describe your usual duties					

Injury Details									
Provide a brief description of how the injury occurred									
What injuries did you receive?									
Where did the accident occur?									
Please select your Racing NSW Licensing status: Registered NSW Jockey / NSW Apprentice Jockey ☐ Picnic/Amateur Jockey ☐ Approved Rider ☐									
Did the injury occur during the course of your usual occupation? No ☐ Yes ☐									
Were you, or will you be hospitalised as a result of the injury? No ☐ Yes ☐ <i>If 'Yes' please provide location and details of surgery below.</i>									
Have you ever had this, or a similar condition, in the past? No ☐ Yes ☐ <i>If 'Yes' give details below.</i>									
Treated by?						Date (dd/mm/yyyy)			
Give the exact date when the injury occurred		Date (dd/mm/yyyy)				Time		am/pm	
When did you first consult a doctor for this condition?		Date (dd/mm/yyyy)				Time		am/pm	
When did the injury cause you to stop work		Date (dd/mm/yyyy)				Time		am/pm	
Details of all attending physicians.									
Doctor's name									
Address								State	
								Postcode	
Telephone number									
Who is your usual doctor? (if same as above please answer N/A)									
Doctor's name									
Address								State	
								Postcode	
Telephone number									
How long have you been receiving treatment or advice from this doctor?						Years		Months	
What other medical or surgical treatment has been received during the past 5 years?									
As a consequence of THIS injury, what other treatment is planned to assist recovery?									
Are you making or entitled to make any <u>other</u> insurance or compensation claim in respect of this disability?									
Are you making a claim through Racing NSW Workers Compensation? No ☐ Yes ☐									
Are you claiming through a private health fund? No ☐ Yes ☐ <i>If 'Yes' give details below.</i>									
Name of fund(s)/insurance company									
Your claim number (if available/applicable)									

Declaration of Earnings

IMPORTANT INFORMATION

1. If you are self-employed, Weekly earning means your weekly earnings derived from personal exertion after allowing for the cost and expenses in incurring that income.
2. If you are not self-employed, Weekly Earning means your weekly remuneration earned from personal exertion by way of salary, fees, wages, commissions and any other items already agreed by us.
3. Please supply proof of your income by submitting copies of your business' Profit & Loss Statement/s or your pay-slips for the 12 month period immediately preceding the injury for which you are now claiming.

Please advise your gross salary at the date of injury or illness.

\$

Payment Methods (please note we are not liable for any bank processing fees on the receiver side)

Australian bank account	Provide details below	Deposit slip provided
Bank name	Account name	
BSB	Account number	

Australia dollar cheque mailed to address above (please provide alternate address on separate sheet if required)

Payment Declaration and Authorisation

I hereby authorise Proclaim as Third-Party Administrators for Certain Underwriters at Lloyds and in association with Agile Underwriting Services Pty Ltd to make any payment by EFT into my bank account as specified above. I understand and agree that the following conditions will apply:

1. I agree that the payment is made when Proclaim as instructed its bank to credit the nominated account and that we release Proclaim from any further liability in relation to this payment.
2. Proclaim is not responsible for any delays in payment or errors due to factors outside its reasonable control, including delays or errors in the financial system or errors in the supplied account details.
3. I agree to Proclaim collecting, holding, and maintaining the following personal information to authorise payments to my nominated bank account. I agree to the disclosure of this information to Proclaim for the purpose and administration of processing my payment. I understand that I have the right to access or correct my personal information under the Privacy Act 1988. I understand that my failure to supply full details and to sign this declaration may result in my payment not being paid or my payment being paid into the wrong account.

Signature of claimant

Date (dd/mm/yyyy)

Privacy Consent Notice

Proclaim Management Solutions Pty Ltd (referred to as 'Proclaim', 'we', 'our' and 'us') understands that protecting your privacy and maintaining the confidentiality of the information you provide us is important. This Privacy Policy sets out how Proclaim manages and protects the privacy of your personal information, in accordance with the Australian Privacy Principles ('APPs') and the Privacy Act 1988 (Cth).

Please tell us if you wish to do this and we will indicate whether, given the nature of the transaction, it is practicable. By providing us with your personal information, you agree to your personal information being collected, held, used and disclosed as set out in this Privacy Policy.

If you have any queries about Proclaims Privacy Policy, please contact our Privacy Officer at: Locked Bag 32012, Collins St East, VIC 8003 Email: proclaim@proclaim.com.au Telephone: 61 3 9660 5200 Facsimile: 1300 858 329

Claim Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I understand the claim may be refused if information is not true or withheld.
2. I hereby authorise Proclaim as Third-Party Administrators for Certain Underwriters at Lloyds and in association with Agile Underwriting Services Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to my credit or insurance history as well as insurance claim information obtained during the course of this contract.
3. Third Party Authority - I authorise the release of insurance claim information obtained during the course of this contract to the Australian Jockeys Association and Racing NSW.

Medical Authority: I authorise any hospital, physician or other person who attended to me, to give Proclaim as Third Party Administrators for Certain Underwriters at Lloyds and in association with Agile Underwriting Services Pty Ltd information with respects to any illness or injury, medical history, consultation, prescription, or treatment. And copies of all hospital or medical records. I also agree that copies of all employers records including verification of earnings can be provided.

A Photocopy of this authorisation will be considered as effective and valid as the original.

Signature of claimant

Date dd/mm/yyyy

Please check that this form has been fully completed as any omissions may delay your claim