

Personal Accident Claim



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Policy number

Claim 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 (✓) where applicable

Please return your completed claim form to:

Marsh Claims Manager (Racing Australia)

Email: sport@marsh.com

Phone: 1300 130 373 if you require assistance

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

The insured						
Insured	Racing Australia Pty Ltd					
Claimant	Surname			Given Name(s)		
Are you registered for GST?		No	Yes	What is your ABN?		
Are you entitled to claim an input tax credit on the GST component of the premium applicable to this Policy?				No	Yes	
Are you entitled to claim an amount less than 100%?		No	Yes	If 'Yes' Specify amount claimed	%	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?				No	Yes	
Are you entitled to claim an amount less than 100%?		No	Yes	If 'Yes' Specify amount claimed	%	
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/illness details

Give a full description of the injury you're claiming for.

How were you injured?

What injuries did you receive?

What were you doing when you were injured?

Where did the accident occur?

Name of racetrack

Did the injury occur during the course of your usual occupation? No Yes

Have you ever had this, or a similar condition, in the past? No Yes *If 'Yes' give details below.*

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

Details of all attending physicians.

Doctor's name

Address

State

Postcode

Telephone number

Who is your usual family doctor?

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?

Are you making or entitled to make any other insurance or compensation claim in respect of this disability?

Sick Leave	No	Yes	Motor compensation	No	Yes	Other government benefit	No	Yes
Workers' Compensation	No	Yes	Private Health Fund	No	Yes	Superannuation life insurance	No	Yes

Name of fund(s)/insurance company

Do you hold a QBE individual injury/illness for Licenced Jockeys Insurance policy or other injury/illness policy. No Yes

If 'Yes', give details and policy number.

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 Corporate Services Network as agents for QBE 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 Corporate Services Network has instructed its bank to credit the nominated account and that we release Corporate Services Network from any further liability in relation to this payment.
2. Corporate Services Network 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 Corporate Services Network collecting, holding and maintain the following personal information to authorise payments to my nominated bank account. I agree the Corporate Services Network disclosure of this information, to Corporate Services Network and my bank 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)

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

Privacy consent notice

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com/au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

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 authorise Corporate Services Network as agents for QBE 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.

Medical Authority: I authorise any hospital, physician or other person who attended to me, to give Corporate Services Network as agents of QBE or its representatives any or all 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