

JLT Sport Personal Injury Claim Form

Hockey Australia National Risk Protection Programme



Important Information

Who should use this claim form?

You should complete this form if:

- Insured** - You are a participant, official or volunteer (Insured Person) of a Club/Association (the Insured) covered within the Hockey Australia National Risk Protection Programme; and
- Injured** - You sustained an accidental injury during the Policy Period whilst actually participating in a sanctioned hockey-related event/activity **on or after 31/12/2017**; and
- Non-Medicare/Loss of Income** - You are likely to incur or have incurred medical costs that are not listed on the Medicare Benefits Scheme and/or have incurred time off work due to your injury.

Before completing this form, ensure you are familiar with the Product Disclosure Statement (PDS) available on JLT Sport's web site www.jltsport.com.au/hockey

What is covered?

The Hockey Australia National Risk Protection Programme's Personal Injury cover provides some reimbursement for Non-Medicare Medical costs and/or Loss of Income cover for 12 months from the date of injury.

Commonwealth Legislation prevents reimbursement of Medicare costs including the Medicare Gap. Non-Medicare Medical Benefits are covered up to the limits outlined below.

Please refer to JLT Sport's web site for the Product Disclosure Statement (PDS).

What are my levels of cover?

The following table outlines the reimbursement capacity for the cover within the Hockey Australia National Risk Protection Programme.

Non Medicare Medical Benefits	Loss of Income
75% reimbursement	80% reimbursement of gross weekly wage
\$3,500 maximum per claim	Up to a maximum of \$350 per week
\$50 excess per claim	14 day elimination period / 52 week benefit period

What is NOT covered?

The following examples demonstrate some areas not covered by the Personal Injury cover:

- Medicare items (see below);
- the Medicare Gap (see below);
- Injuries sustained whilst playing against medical advice.

Please refer to JLT Sport's web site for the Product Disclosure Statement (PDS) for further details.

What does "Non-Medicare" mean?

Medicare is a Commonwealth Government programme that provides free or subsidised treatment from medical professionals such as doctors and specialists. The Medicare Benefits Scheme (MBS) lists the items that are eligible for a Medicare rebate.

Sometimes, your doctor or specialist may charge more than the Medicare rebate, which may leave you with out-of-pocket expenses. This is commonly called the "Medicare Gap".

Section 126 of The Health Insurance Act 1973 (Cth) does not permit the Insurer or the JLT Trustee to reimburse any part of a Medicare Item (this includes the Medicare Gap).

This means that if your treatment is listed on the Medicare Benefits Scheme, it is not claimable through the Hockey Australia National Risk Protection Programme. For further information about Medicare please visit www.health.gov.au or www.medicare.gov.au

Please note: some Private Health Funds may offer Medicare Gap Insurance Cover. JLT Sport is not a Private Health Fund, nor do we offer Private Health Insurance.

Important Information

Claim Conditions

Section A:
Claimant's Details

Section B:
Club Declaration

Section C:
Loss of Income

Section D:
Physician's Report

WHAT'S COVERED?

NON-MEDICARE EXAMPLES:

Ambulance

Physiotherapist

Dental

Private Hospital Accom.

Chiropractor

WHAT'S NOT COVERED?

MEDICARE EXAMPLES:

Doctor

Surgeon

Surgeon's Assistant

Anaesthetist

X-Rays

Public Hospitals

Send completed forms to:

SUA Claims Department

austclaims@aig.com

GPO Box 4363

MELBOURNE, VIC 3001

Claims Enquiries:

Phone: 1300 761 195



www.jltsport.com.au

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IMPORTANT NOTICES

Your Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

Dispute Resolution Process

If you are not satisfied with our service please tell us so we can help. We will address complaints in accordance with AIG Australia Limited's Complaints Handling Process and the Insurance Council of Australia's Code of Practice. If you have a complaint:

Step 1: Contact us

You can contact us by:

Postal Address: PO Box 288, Kew East Victoria, Australia 3102

Tel: +61 3 8862 2600

Email: info@sportsunderwriting.com.au

If we require additional information we will contact you to discuss. If your complaint is not immediately resolved we will respond within 15 business days of receipt of your complaint or agree on a reasonable alternative timetable with you.

Step 2: AIG Complaints Process

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you can register a complaint with us by telephoning us on 1800 339 669, lodging your complaint on our website, or by writing to:

The Compliance Manager
AIG Australia Limited
Level 12, 717 Bourke Street
Docklands VIC 3008

As soon as we receive your complaint we will take all possible steps to resolve it. You will receive a written response to your complaint within 15 working days, unless we agree a longer timeframe with you.

What should you do if you are not happy with our response to your complaint?

If you are not satisfied with our response to your complaint, you may wish to have the matter reviewed by our Internal Dispute Resolution Committee ("Committee"). The Committee is comprised of Senior Management of the company who have the experience and authority to decide on matters brought to the Committee.

If you wish to have your complaint reviewed by this Committee please telephone or write to the person who has signed the response letter to your complaint and provide them with detailed reasons for requesting the review. This information will greatly assist the Committee in reviewing your claim or enquiry. Your complaint will then be treated as a dispute. You may also make a request for a review by the Committee by contacting:

The Chairperson IDRC
AIG Australia Limited
Level 12, 717 Bourke Street
Docklands VIC 3008

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to you within 15 working days of the date you advise us you wish to take your complaint to IDRC.

If we are unable to provide a written response setting out the final decision we will keep you informed of progress at least every 10 days.

If you are not satisfied with the finding of the Committee, or if we have been unable to resolve your complaint within 45 calendar days, you may be able to take your matter to an independent dispute resolution body, the Financial Ombudsman Service ("FOS"). This external dispute resolution body can make decisions with which AIG are obliged to comply. Contact details are:

Financial Ombudsman Service
GPO Box 3
Melbourne, VIC 3001
Tel: 1300 78 08 08 (local call fee applies)
Email: info@fos.org.au Internet: <http://www.fos.org.au>

You should note that use of the FOS scheme does not preclude you from subsequently exercising any legal rights, which you may have if you are still unhappy with the outcome. Before doing so however, we strongly recommend that you obtain independent legal advice.

If your complaint does not fall within the Financial Ombudsman Service's terms of reference, we will advise you to seek independent legal advice or give you information about any other external dispute resolution options (if any) that may be available to you.

Privacy Statements

Sports Underwriting Privacy Notice

In this Privacy section "we", "us" or "our" means Sports Underwriting Australia, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any claim that You make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the SUA Privacy Policy and Privacy Statement at www.sportsunderwriting.com.au/documents.html.

AIG Australia ("AIG") Privacy notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulator bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Taxation Information

The amount of cover available under this Policy excludes Goods and Services Tax (GST).

If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay.

The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the Premium.

If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

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Claim Conditions

How to lodge a Personal Injury Claim:

1. Complete ALL sections of the Personal Injury Claim Form
 - o Your claim form may be returned if there is important information missing
 - o For assistance, please contact Sports Underwriting Australia(SUA) on 1300 761 195.
2. Send your completed claim form to **SUA Claims Department – austclaims@aig.com or GPO Box 4363, Melbourne, VIC 3001** within 180 days from the date of injury.
 - o **Do not** wait until your treatments have concluded before you lodge your claim
 - o You can lodge your claim even if you have no out of pocket expenses
3. SUA will confirm receipt of your claim and provide you with a claim number, or contact you should they require further information
4. Once you have received your Claim Number, you can forward further Non-Medicare Medical receipts to SUA as your treatment continues (for up to 12 months from the date of injury).

What should I send with my claim?

Receipts - If you have already undertaken treatments for your injury and incurred Non-Medicare Medical costs please submit your receipts to SUA.

Retain a copy - Please submit only original receipts to SUA. We recommend you retain a copy of all receipts and your Claim Form for your records.

Private Health Insurance (if applicable) – Please claim through your Private Health Fund first and then send SUA a copy of your Private Health rebate advice.

Claims Conditions:

Written notice containing full particulars of your injury (as per this Claim Form) must be submitted to SUA within 180 days from the date of injury.

Subject to the Insurance Contracts Act 1984, any treatment must be completed within 12 calendar months from the date of injury.

All certificates and evidence required by SUA must be provided by you upon request and at your expense (if applicable).

Who is JLT Sport?

JLT Sport is the appointed broker for the Hockey Australia National 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

Privacy:

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. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- 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, Level 37, Grosvenor Place, 225 George Street, SYDNEY NSW 2000 Telephone: (02) 9290 8000

Important Information

Claim Conditions

Section A:
Claimant's Details

Section B:
Club Declaration

Section C:
Loss of Income

Section D:
Physician's Report

Complete ALL sections

Send within 180 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim

Send completed forms to:

SUA Claims Department

austclaims@aig.com

GPO Box 4363

MELBOURNE, VIC 3001

Claims Enquiries:

Phone: 1300 761 195



www.jltsport.com.au

JLT Sport Personal Injury Claim Form

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Section A: Claimant's Details

PERSONAL INFORMATION:

Claimant's Name: _____
First Name _____ Surname _____

Postal Address: _____
Street Address _____ State _____ Postcode _____

Occupation: _____

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

Personal Details: _____ / _____ / _____ Male Female _____ / _____ / _____ AM / PM
Date of Birth _____ Gender _____ Date of Injury _____ Time of Injury _____

Club Name: _____

Association 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 _____

Level of involvement? Club State National International Other _____

Injured Person? Player/Participant Coach Umpire Club Volunteer Other _____

How did the injury occur? Fall / trip Running Hit by stick Collision Overuse Hit by ball 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 _____ EFT (Direct Deposit) Cheque
To whom should we make payment? _____ Payee Name/Account Name _____ How would you like to receive payment? _____

BSB Number _____ Account Number _____ Payee Postal Address _____

CLAIMANT DECLARATION:

- By signing the declaration below, you confirm and agree to the following:
- The injury was sustained accidentally during a hockey activity and is not a pre-existing illness or condition.
 - You have viewed, read and understood the Product Disclosure Statement (PDS) at www.jltsport.com.au/hockey.
 - You understand that the Health Insurance Act 1973 (Cth) prohibits the Trustee and Insurer from reimbursing costs that are registered with Medicare (including the Medicare Gap).
 - 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.
 - You authorise any hospital, physician, Private Health and/or Income Protection insurers, 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.
 - You agree that a photocopy or electronic version of this authorisation shall be considered as effective and valid as the original.
 - You declare that the foregoing 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.
 - You authorise any and all information regarding claims with any other insurer to be released to JLT's representatives.
 - I consent to AIG and Sports Underwriting Australia collecting, using and disclosing personal information as set out in the privacy notices found in this form. If I have provided or will provide information to AIG or Sports Underwriting Australia about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG or Sports Underwriting Australia and also to give this consent on both my and their behalf.
 - I consent to the disclosure of sensitive information to third parties in order to process my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my insurance claim. I understand that if this consent is not given AIG and Sports Underwriting will not be able to process this insurance claim.

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

*Parent or Guardian if under 18 years

Important Information

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Send completed forms to:

SUA Claims Department

austclaims@aig.com

GPO Box 4363

MELBOURNE, VIC 3001

Claims Enquiries:

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JLT Sport Personal Injury Claim Form

Hockey Australia National Risk Protection Programme



Section B: Club Declaration

CLUB DETAILS:

Claimant's Name: _____
First Name _____ Surname _____

Club Name: _____

Club Contact: _____
Club Contact Person _____ Position within Club _____

Contact Details: _____
Contact Phone Number _____ Email Address _____

Association Name: _____

Registration Details: Yes No

INJURY DETAILS:

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

Circumstances: Playing Training Travelling Other

Opposition Club Name: _____
If applicable

Location: _____
Where did the injury occur?

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

_____ / _____ / _____
Has the Claimant returned to FULL TRAINING? If YES, date Claimant returned?

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

CLUB 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 Club or Association (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 a hockey activity noted above and is not a pre-existing illness or condition.
 - D. You understand that registering your club with JLT Sport is a requirement of the Hockey Australia National Risk Protection Programme for each Period of Cover.
 - E. You confirm the club's level of cover as per the details provided above.

Club Representative's Signature: _____ Date: _____ / _____ / _____

For Coverage details, please refer to JLT Sport's web site.
www.jltsport.com.au/hockey

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Section C: Loss of Income

TO BE COMPLETED BY THE CLAIMANT:

- Do you wish to claim Loss of Income Benefits? Yes No If NO, proceed to SECTION D
- Can you claim compensation from any other policy that includes loss of income benefits (such as Workers Compensation)? Yes No
- Have you ever made previous claims in respect to a personal injury 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 from / / to / /

Annual Leave: Yes No from / / to / /

Other: Yes No 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:

- You are the Claimant's current employer (or accountant if the claimant is self-employed),
- After reasonable inquiry, you confirm the employment and salary details supplied herein are true and accurate,
- 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)

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

www.jltsport.com.au/hockey

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Section D: Physician's Report

**This form can only be completed by the treating Medical Practitioner or Surgeon
(A physiotherapist or chiropractor may complete if claiming 5 visits or less
under benefit 4 Non Medicare Medical costs)**

THIS SECTION MUST BE COMPLETED WITHOUT EXPENSE TO JLT, SUA OR AIG

PHYSICIAN'S REPORT

Claimant's Name: _____
First Name _____ Surname _____

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

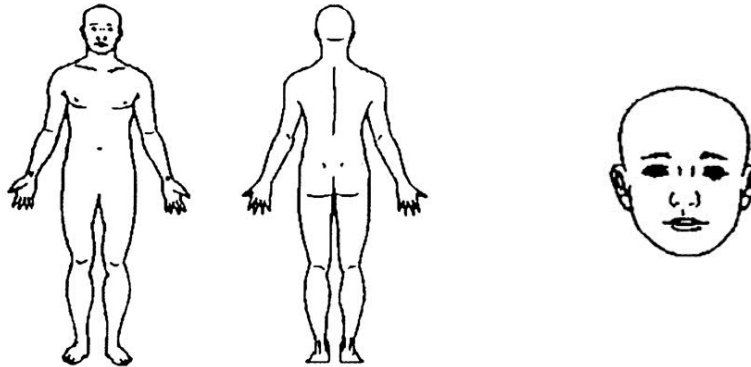
Injury Consultation: _____ / _____ / _____
Date of Injury _____ Date of Consultation _____

Diagnosis/History of injury:

Injury Location:

Ankle Arm Dental Facial Foot
 Hand Head Internal Knee Lower Leg
 Shoulder Spinal Torso Upper Leg

Please mark (x) 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):

Please continue to Page 7.

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Section D: Physician's Report

PHYSICIAN'S REPORT (continued)

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 participating in hockey?

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:

LOSS OF INCOME CLAIMS ONLY

The following Incapacity to Work Statement must be completed by a qualified Medical Practitioner (i.e. General Practitioner, Surgeon or a Specialist). It will not be accepted if completed by a Physiotherapist, Chiropractor, etc.

INCAPACITY TO WORK STATEMENT:

I, _____ examined _____ on ____ / ____ / ____
Medical Practitioner's Name Claimant's Name Date of examination

In my opinion, this person is/has been unfit to work from ____ / ____ / ____ to ____ / ____ / ____ inclusive.
First day of incapacity Last day of incapacity

Please provide any further comments in regard to your assessment of the injury/condition?

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.

Medical Practitioner's Signature:

Date:

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

www.jltsport.com.au/hockey

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