


ROWING NEW SOUTH WALES



PERSONAL INJURY CLAIM FORM

 **Completed claim forms must be sent to;**

Gallagher Bassett Services Pty Ltd
GPO Box 14
Brisbane QLD 4001
Phone: (07) 3012 3114
Email: claims.au@penunderwriting.com



INSURANCE BROKER FOR ROWING NSW;

Authorised Representative No. 432898 a corporate
authorised representative of Willis Australia Limited AFSL: 240600

Phone (02) 8599 8660 or local call cost only 1300 945 547

ROWING NSW

SUMMARY OF INSURANCE COVER

Death & Permanent Disablement

A lump sum benefit is payable in the event of death or a Permanent Disability. The scale of benefits is defined in the policy. The death benefit is \$100,000 (\$20,000 for members aged under 18 and over 80 years old). The paraplegia and quadriplegia benefit is \$300,000.

Non Medicare Medical Expenses

Reimburses up to 85% (100% for ambulance expenses) of Non-Medicare medical expenses up to a maximum of \$3,000 (\$5,000 for voluntary workers). Claimable expenses are private hospital, ambulance, dental, physiotherapy etc, net of any recoveries from private health insurance – subject to a \$20 excess each and every claim (nil excess if privately insured or for ambulance expenses). Cover is limited to expenses incurred within 12 months from the date of injury.

Student Assistance Benefit

Reimburses 100% of costs incurred up to a maximum of \$300 per week for up to fifty two (52) weeks for costs actually incurred for tutoring by a qualified tutor to assist the full time student - 14 day excess.

Home Help Benefit

Reimburses non-wage earners up to 100% of costs incurred, up to a maximum of \$400 per week for up to fifty two (52) weeks, for reimbursement of actual costs incurred for cooking, ironing, washing, cleaning, child minding expenses as a result of injury – 14 day excess.

Parent's Inconvenience Allowance

Pays up to \$25 per day up to a maximum of \$1,500, whilst the child is hospitalised to offset costs incurred for baby-sitting, taxi fares etc. This benefit is only available for full time students under 25 years of age.

Loss of Income

Cover for 85% of your net weekly income or up to a maximum of \$1,000 per week, whichever is the lesser. The benefit period is fifty two (52) weeks and the excess is 7 days.

Funeral Benefit

If a death benefit has been paid under capital benefits, an amount of \$10,000 is available for reimbursement of funeral expenses.

Important Notes

This insurance cover is underwritten by: Pen Underwriting Pty Ltd
ABN 89 113 929 516 AFSL 290518 as Coverholder on
behalf of certain Underwriters of Lloyd's.
Level 19, 347 Kent Street Sydney NSW 2000

1. This summary of cover provides factual information about the Rowing NSW Insurance Program.
2. The policy with full conditions is available at www.vinsurancegroup.com/rowingnsw or by contacting Rowing NSW.
3. This insurance program commenced on 31 May 2018 and expires on 31 May 2019.
4. V-Insurance facilitates this insurance program which provides benefits to those registered members of Rowing NSW who, through injury or accident, incur financial loss and who would not have otherwise received assistance. The program 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.
5. Rowing NSW is not, and does not, represent themselves as registered insurance brokers by endorsing the products outlined in this claim form.

Further details on the Rowing NSW insurance program can be obtained by visiting

www.vinsurancegroup.com/rowingnsw

HOW TO MAKE A CLAIM

Dear Rowing NSW member,

Please find attached 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 complete pages 4 to 8 and sign and date the Declaration.
3. Please ensure that both your Club and a Rowing NSW official complete and sign the Declaration on page 5.
4. For claims involving Loss of Income:
 - a) You must complete page 5 and have your employer/salary officer complete page 7. If self-employed, you must have your accountant complete these details;
 - b) Have your Attending Physician complete page 10.
5. For claims involving Non-Medicare medical expenses:

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 on page 10.
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 partly covered by Medicare. The Australian Health Insurance Act does not permit the insurer 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 private hospital bed and theatre fees, dental, ambulance (if not otherwise covered), chiropractic, physiotherapy, osteopath, naturopath, massage and pay for orthotics prescribed by a surgeon to aid recovery.

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 fully completed all sections of the claim form, please have your Club and Rowing NSW complete and sign page 5, confirming your injury occurred during a sanctioned activity.
8. Once you have completed your claim form, please forward to Gallagher Bassett Services. They handle all claims for the insurer. Their contact details are

Gallagher Bassett Services
GPO Box 14
Brisbane QLD 4001

Phone (07) 3012 3114
Fax (07) 3005 1705
Email claims.au@penunderwriting.com

9. Reimbursement will be paid to you directly by Gallagher Bassett Services.
10. Once your claim is registered, you can submit ongoing invoices via Gallagher Bassett Services. Gallagher Bassett Services can also be reached on the above contact details should you wish to make enquiries relating to the progress of your claim.
11. If you have any further queries relating to your claim or the cover, please do not hesitate to call the V-Insurance Group Team on ph: (02) 8599 8660 or 1300 945 547.

DECLARATION BY ROWING NSW

Name of Rowing NSW Official making this statement;

Position of Rowing NSW Official making this statement

Telephone Number: ()

Email:

Address

State

Postcode

I, the above mentioned Rowing NSW Club Official, confirm that the claimant was a registered and Financial member of this Rowing NSW and was an insured person as identified in the Personal Accident Insurance with Rowing NSW at the time of the accident, that the information contained in this statement is true and correct, and to the best of my knowledge and belief the information referred to in this claim form is true and correct.

Do you have any comments in relation to this claim? Yes No

If yes, please detail below

Dated: / /

Signature of Rowing NSW Official:

ACCIDENT DETAILS

Describe how the accident happened? _____

Describe your injury?

When did your accident occur?

Date: / /

Time: am/pm

Was your activity at the time of the accident?
 (please tick)

Officially organised competition

Officially organised training

Social or private competition

Travelling to and from activity

Sanctioned fundraising/social event

Please provide the address of where the injury occurred?

State the name of any one witness to the injury:

Address of Witness:

Person to whom accident/incident reported?

Date and time reported?

Date: / / Time: am/pm

Brief summary of treatment/action taken at the time of the accident/incident?

Was hospitalisation required?

If yes, please advise the name of hospital?

If admitted into hospital, how long were you there?

Name of person who gave treatment?

Do you have Private Health Insurance?

If yes, please provide fund name:

Advise when you did (or expect to):

Cease work/normal activities _____

Cease training _____

Cease participating _____

Resume work/normal activities _____

Resume training _____

Resume participating _____

Have you ever had this injury or similar injuries in the past?

Yes No

If yes, please advise when? / /

The following information is required for Rowing NSW research to assist with Risk Management, answering these questions will not affect your claim

During which activity did your injury occur?

(Please tick)

- Training
- Competition
- Other (please advise).....

Surface at point of injury

(Please tick)

- Water / Boat
- Land
- Other (please advise).....

Weather conditions?

(Please tick)

- Fine
- Rain
- Showers
- Extreme Heat
- Extreme Cold

LOSS OF INCOME

(ONLY COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR LOSS OF INCOME)

(please tick the box)

Yes No

1. Can compensation be claimed under Worker's Compensation or any other insurance including Loss of Income?

2. Have you ever made any previous claims in respect to personal accident insurance or any other similar insurance?

3. Have you engaged in any other income earning employment since you have been injured?

**THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR EMPLOYER/SALARY OFFICER.
IF SELF EMPLOYED, PLEASE HAVE YOUR ACCOUNTANT COMPLETE THESE DETAILS.**

Name of employer:

Telephone Number:

Fax Number:

()

()

Address of employer:

State

Postcode

Date ceased work due to injury: / /

Date expected to resume normal duties: / /

Employee weekly salary as at date of injury:

Net \$...../ week Gross \$...../ week

If self employed, provide average weekly salary based on 12 month period directly prior to injury. A copy of your latest taxation return is also to be provided as proof of earnings for self employed persons.

Date commenced employment with company:

/ /

Income Definition:

Self Employed

Full Time

Part Time

Casual

During the period of incapacity the employee has received

\$..... Normal Pay From/...../..... to/...../.....

\$..... Sick Pay From/...../..... to/...../.....

\$..... Workers' Compensation From/...../..... to/...../.....

\$..... Other (please specify) From/...../..... to/...../.....

Has the employee returned to work?

Yes

No

Has the employee lodged or intending to lodge a Worker's Compensation Claim?

Yes

No

A. IF EMPLOYED

Salary officer's name:

Phone Number: ()

Email:

Salary officer's signature:

Date: / /

Company Stamp:

ABN/ACN:

B. IF SELF EMPLOYED

Accountant's name:

Phone Number: ()

Accountant's signature:

Date: / /

Accountant's Company Stamp:

V-INSURANCE GROUP

Authorised Representative No. 432898
 of Willis Australia Limited AFSL: 240600
 Level 25, 123 Pitt Street
 SYDNEY NSW 2000
 Phone (02) 8599 8660 or local call cost only 1300 945 547
 Fax (02) 8599 8661
 Email: rowing@vinsurancgroup.com

Office use only
Policy Number: R3232 / 0175480
Claim Number:

SPORTS INJURY ATTENDING PHYSICIAN'S REPORT

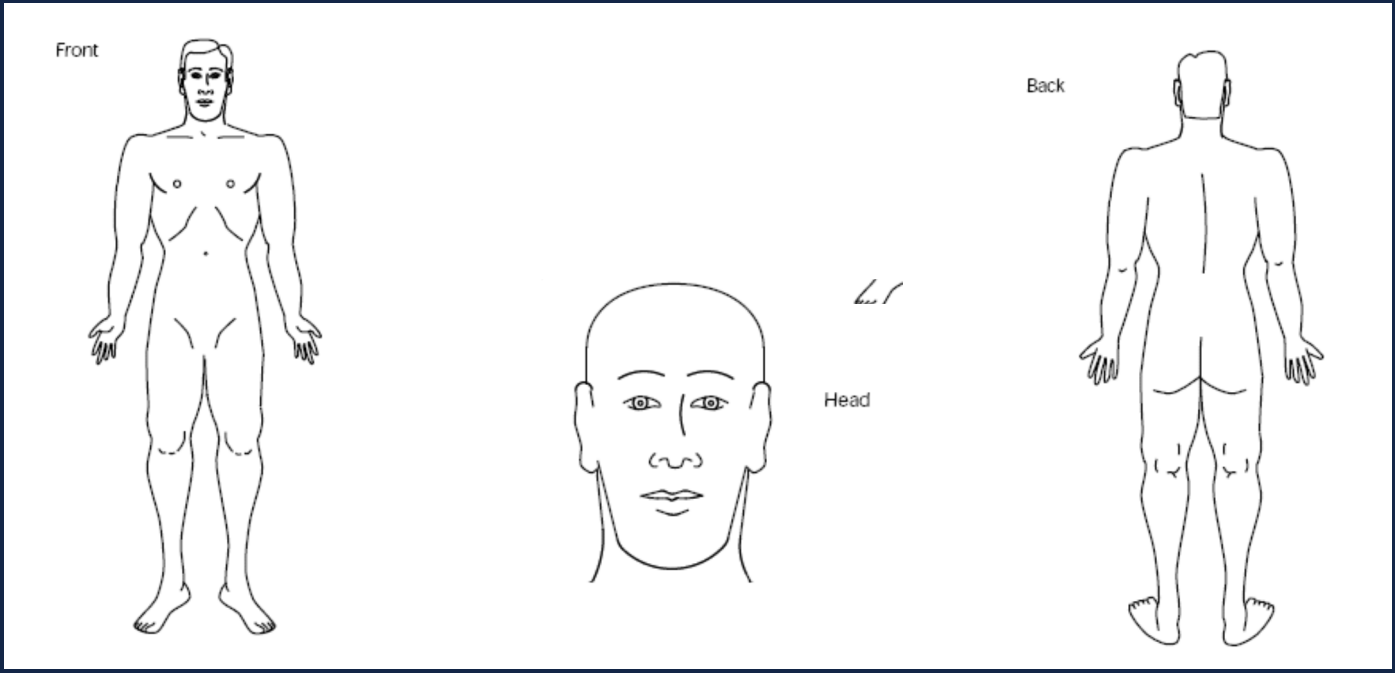
DOCTOR'S STATEMENT

IMPORTANT

1. The patient is responsible for any fee for this statement.
2. This form can only be completed by the treating Medical Practitioner or Surgeon (Physiotherapist may complete for minor injuries only).
3. If "Yes" answered to any of the following, please give details.
4. Dashes or blank spaces are not acceptable.

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Patient's Full Name: | How long have you known the patient? |
| What date were you first consulted by the patient in connection with the present injury? / / | |
| Patient's Occupation: | |
| Are you the patient's regular general practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please advise who is | |
| What is the exact nature of the present injury? (Please detail symptoms and diagnosis) | |



METHOD OF PAYMENT

Should a benefit be payable for this claim, payments will be made by Electronic Funds Transfer (EFT) to a nominated bank account.

Please complete the details below.

NAME OF CLAIMANT

Title: Mr Mrs Miss Ms

Name: _____

BANK ACCOUNT DETAILS

BSB number (all 6 digits are required here)

Account Number

| | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Account Holder's Full name: _____

Bank, Credit Union, Building Society name: _____

Branch: _____

DECLARATION

I hereby authorise Gallagher Bassett Services to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account. I understand and agree that the following conditions will apply:

- I agree that the payment is made when Gallagher Bassett Services has instructed its bank to credit the nominated account and that we release Gallagher Bassett Services from any further liability in relation to this payment.
- Gallagher Bassett Services 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.
- I agree to Gallagher Bassett Services collecting, holding and maintaining the following personal information to authorise payments to my nominated bank account. I agree to Gallagher Bassett Services disclosure of this information, to Gallagher Bassett Services bank 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 a wrong account.
- I declare that the details in this application are true and correct and (where applicable) I am authorised on behalf of the Company to provide the information above.
- I agree that my personal information may also be shared with Rowing NSW's insurance brokers, V-Insurance Group.

Signature: _____

Date: _____

Print Name: _____