

# Aon's Student Accident Protection Plan

## School student accident claim form



This form should be completed and returned to ACE Insurance promptly.

ACE Insurance Limited GPO Box 4065 Sydney 2001 Phone 1800 688 640 Fax (02) 9231 3697 Email a&hclaims.au@acegroup.com

### CLAIMS PROCEDURE

To ensure that your claim is dealt with as quickly as possible, it is important to follow a few simple steps:

1. Report the accident as soon as possible to school administration.
2. Pay all medical and other accounts as the insurer will not pay those on your behalf.
3. Make Private Health insurance claims, as the insurer's obligation is only for any portion not covered by Private Health.
4. Make your Medicare claim.

Student Accident Insurance includes coverage for non-Medicare medical expenses (when the accident happened during school or organised sporting activities). Any portion of any expense for which a Medicare benefit is paid or payable, including the balance of monies you have to bear after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the 'Medicare gap'), is unable to be reimbursed under this or any other insurance. It is in fact a breach of the Health Insurance Act to reimburse such costs.

All claimable non-Medicare medical expenses need to be for treatment, certified necessary by a legally qualified medical practitioner, to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by the accident.

5. Fill in the School student accident claim form (note that there is a section to be completed by the school).
6. Ask the attending doctor to fill in the Medical practitioner's statement.
7. Send all completed documents and any accounts and receipts in support of out of pocket expenses claimed direct to ACE Insurance Limited at GPO Box 4065 Sydney 2001.

### PERSONAL DETAILS

Name of school

Student's full name

Street address

City

State

Postcode

Date of birth

Parent name

Parent telephone number

Parent email address

### ELECTRONIC FUNDS TRANSFER

Following ACE's approval of your claim, should you wish to have your claim settlement transferred directly into your bank account, please provide the following details.

Bank name

Account name

BSB no.

Swift code (if applicable)

## 1. INJURY DESCRIPTION

Give full description of the injury from which you are suffering. State when, where and how it happened.

Injury

How it was sustained

Where

Were you involved in school or organised sporting activities when you were injured: Yes  No

(a) Give exact date when injury occurred

(b) When did you first consult a physician for this condition?

(c) When did you become totally disabled (unable to attend school)?

(d) When were you able to return to school?

(e) If still disabled, when do you expect your disability to terminate?

(f) Have you ever had this, or a similar condition in the past?

Yes  No

If yes, state the nature of the condition, dates of the treatment, names and addresses of treating doctors, hospitals and clinics.

Condition(s)

Date

Treated by

Name of hospital/clinic

## 2. ATTENDING PHYSICIAN(S)

Give names, addresses and telephone numbers of all attending physicians.

Name

Phone

Address

## 2. ATTENDING PHYSICIAN(S) continued...

Name

Phone

Address

Give names, addresses and telephone numbers of usual family physician.

Name

Phone

Address

**3. PRIVATE HEALTH INSURANCE**

Are you covered by private health insurance? Yes  No

If "yes", name of insurer

Give membership number and branch

Have you claimed yet? Yes  No  If "yes" please submit a Statement of Benefits from your private health insurer.

**Authorisation**

I hereby authorise any hospital, physician or other person who has attended to me to furnish ACE Insurance or its representatives, any and all information with respect to any injury, medical history, consultation, prescriptions, or treatment, copies of all hospital and medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as original. I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said injury shall make any false or fraudulent statements, or suppress, conceal or falsely state any material fact whatsoever then my claim may be voided and my rights of financial recovery forfeited. I consent to the collection, use and disclosure of information by ACE Insurance and their service providers in order to assess the claim. ACE Insurance complies with the obligations of the Privacy Act 2001 and the principles laid out in our Privacy Policy, which is readily available on request.

Name (please print)

Date

Relationship to student

Signed

**TO BE COMPLETED BY SCHOOL REGISTRAR/PRINCIPAL**

Please ensure that all questions have been fully answered.

I certify that (insert student name)

was injured as stated.

Name of school

Name

Position

Phone

Address

Do you want to be copied in on the acknowledgement letter for this claim?

Yes  No

If YES, Please provide:

Contact Name

Contact email address

I hereby certify that the particulars shown on this form are to the best of my belief and knowledge, true and correct.

Date

Witness

Signed

Signed



Please complete claim form and return to:  
ACE Insurance Limited GPO Box 4065 Sydney 2001  
Phone 1800 688 640 Fax (02) 9231 3697  
Email a&hclaims.au@acegroup.com

