Claim Form
Department of Veterans' Affairs Voluntary Workers
Personal Accident

01. Your Details
Policy Number Expiry Date
5561943 0 3 0 9 2 0 2 0
Activity Name

Given Name(s)

Date of Birth Gender
M F Other

Residential Address

Email Address

What are you claiming for?

02. Payment Details
Compulsory
Please provide bank and account details for payment
Account Holder's Name

BSB Number (6-Digits)

Account Number

Bank

03. Details of Injury
Compulsory
Please provide a description of the incident related to the injury

What were you doing when the accident occurred?

Date and time of accident

How did the accident occur?

Location where accident occurred

What is the nature and extent of your injuries?

Important: Please read before you complete this form
1. This form consists of several sections. Please provide answers to all of the information required in order to avoid delays with your claim.
2. Note: This form can be completed electronically. If completing this form by hand, please print.
3. The issue of this form is not an admission of liability by AHI.
04. Medical Questions

When did you first see a doctor for this condition?

Have you previously suffered from the same or a similar injury?

Are there or do you envisage any complications?

Do you have other private health cover?

Please note that if you have private health insurance you must first make a claim on them.

Name of initial medical attendant

Phone number of initial medical attendant

Name of regular medical attendant

Phone number of regular medical attendant

Is there anything in your medical history which may have contributed directly or indirectly, to the injury or which may be likely to retard your recovery?

Yes No Give details

Nature of operation / hospitalisation (if any)

05. Declaration

Dispute Resolution Statement

AHI underwrite the policy on behalf of Insurance Australia Limited trading as CGU Insurance.

CGU is a subscriber to the General Insurance Code of Practice developed by the Insurance Council of Australia.

If you have a dispute and after talking to AHI, you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within 15 business days.

If you still remain dissatisfied after proceeding with the above, our process includes advising you on how to contact the insurance industry's external independent complaints scheme. Access to this scheme is free of charge to you.

Privacy Declaration

I/we agree that, by submitting this form, the personal information I/we provide to AHI in this form or otherwise may be collected, held, used and disclosed in the manner set out in the AHI Privacy Policy found at www.ahiinsurance.com.au, including for the processing of this claim.

By signing and dating the form above or returning this form electronically, once completed, you declare the following:

Declaration:

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We agree that, by submitting this form, the personal information I/we provide to AHI in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy including for the processing of this claim.

Authority

I/We authorise any hospital and/ or physician who has treated me to provide AHI with copies of medical records or of my past medical history, as requested.

Signature of Claimant / Parent / Legal Guardian

Date
**Medical Certificate**

### 06. Patient details

<table>
<thead>
<tr>
<th>Patients Full Name</th>
<th>Date of Birth</th>
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Please give complete diagnosis of this condition.

**History**

<table>
<thead>
<tr>
<th>When did the patient first receive medical treatment?</th>
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Is there a previous history of this or a similar condition?

If Yes, please provide details.

<table>
<thead>
<tr>
<th>How long have you known the patient?</th>
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</table>

Are you the regular general practitioner?

If not, please advise who is.

**Sickness**

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<tr>
<th>When was sickness first contracted?</th>
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OR

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<tr>
<th>When did symptoms become evident?</th>
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**Injury**

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<th>When did the patient first suffer the injury?</th>
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<tr>
<th>What was the cause of the injury?</th>
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**Degree of Disability**

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<th>When was patient obliged to cease activity?</th>
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<table>
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<tr>
<th>When was / will the patient be / able to return to:</th>
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<table>
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<tr>
<th>Some Duties?</th>
<th>Full Duties?</th>
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**Treatment of Present Condition**

<table>
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<tr>
<th>When were you consulted?</th>
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<table>
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<tr>
<th>Initially</th>
<th>Most recently</th>
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<table>
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<tr>
<th>From</th>
<th>To</th>
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<table>
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<tr>
<th>Was patient confined to hospital?</th>
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<tr>
<th>Yes</th>
<th>No</th>
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If Yes, please advise name and address of hospital.

What other surgical or medical procedures are possibly contemplated?

Are there any underlying conditions affecting recovery from the current conditions?

If Yes, could you advise the nature of underlying conditions and how they affect disability and recovery.

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<th>What is the current prognosis?</th>
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Are there any further remarks which may assist in assessing this condition?

**Print Name**

Qualification

Signature

Address

Phone

Fax

Date
If you are claiming reimbursement for medical expenses incurred as a direct result of injury, please complete the following claim schedule. If you are claiming the difference in shortfall of a payment from AHI you must first seek reimbursement from your Private Health fund (if applicable) and submit the accounts with your claim. For reimbursement relating to Medical Expenses, please read the following information carefully.

We advise that Your Policy will cover non-Medicare Medical Expenses to the amount stated in the Policy (after the deduction of any excess) for injuries which occur during insured activities. The policy will cover fees incurred as a result of injury including, but not limited to fees paid to nurses, hospitals, chiropractors, osteopaths and physiotherapists. Please note that you are expected to settle accounts first and then seek reimbursement.

We advise that this company must comply with Federal legislation that limits the benefits that General Insurers, Health Funds (and others) are legally allowed to insure. As a General Insurer we are prohibited from reimbursing medical expenses that are covered by the Medicare Scheme.

We can pay:

- 100% of Theatre Fees & Accommodation Fees in a hospital where the Insured Person is a private patient in a public or private hospital, subject to policy limits.
- Any other Medical expenses which are not covered by Medicare.

We cannot pay:

- Any out of hospital or outpatient expenses which have a Medicare component.
- Any amounts above the Scheduled Fee, or “gap” fees related to Medicare services
- When you are a public patient in a private or public hospital. Everything is covered by Medicare in this circumstance.
- Specifically, for out of hospital Doctor or Specialist visits, Medicare refunds 85% of the Scheduled Fee. No-one can reimburse any other amount for these expenses.

Examples

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Amount Charged</th>
<th>Scheduled Fee</th>
<th>Medicare Pays</th>
<th>We Pay</th>
<th>Insured Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Hospital Accommodation</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
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<tr>
<td>Private Hospital Doctor Consultation</td>
<td>$92.00</td>
<td>$62.85</td>
<td>$47.14</td>
<td>$0.00</td>
<td>$44.86</td>
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<tr>
<td>GP Consultation out of hospital</td>
<td>$36.00</td>
<td>$24.50</td>
<td>$20.85</td>
<td>$0.00</td>
<td>$15.15</td>
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Please note that where a Private Health Fund has reimbursed the “gap”, no further reimbursement is available.

Further information on these limitations should be available from the Department of Human Services.
Reimbursement is calculated as follows:
A – D in the case of no Medicare component.
Please note: Federal Legislation prohibits General Insurers from contributing to out of pocket expenses against Medicare eligible services.
Please note: In the case of a "Medicare gap" being paid by your Health Fund, no further benefits claimable from AHI.

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<tr>
<th>Date Expense Incurred</th>
<th>Item Description</th>
<th>Fee Charged</th>
<th>Scheduled Fee</th>
<th>Medicare Benefits</th>
<th>Health Fund Benefit</th>
<th>Amount Payable by AHI</th>
<th>Details</th>
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**Totals**

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