JLT Sport Personal Injury Claim Form

Indoor Cricket Queensland Risk Protection Programme

Important Information: Summary of Insurance Cover*

Important Information
Claim Conditions
Section A: Claimant's Details
Section B: Centre Declaration
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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, under the age of 18 is limited to $20,000 with a $250,000 maximum for Quadriplegia/Paraplegia.

Non Medicare Medical Expense

Reimburses up to 85% of Non-Medicare medical expenses up to a maximum of $5,000 per claim, subject to a $50 excess. Claimable expenses are physiotherapy, private hospital, ambulance, dental etc. A proportion of the private health insurance gap may be refunded. Cover is limited to expenses incurred within 12 months from the date of injury.

Home Tutorial Benefit

Reimburses up to 100% of parent's costs incurred up to a maximum of $500 per week for up to fifty two (52) weeks, being costs actually incurred for tutoring to assist the full-time student.

Domestic Help Benefit

Reimburses non-wage earners for 100% of cost incurred up to a maximum of $500 per week for up to fifty two (52) weeks, being reimbursement of actual costs incurred for cooking, ironing, washing, cleaning, child minding expenses as a result of injury, insured by the policy.

Loss of Income

Cover for 85% of your net weekly income or up to a maximum of $500 per week, whichever is the lesser. The benefit period is 52 weeks and the excess is 14 days.

This insurance cover is underwritten by:-

Lloyds of London through Sportscover Australia Pty Ltd
ABN 43 006 637 903
271-273 Wellington Road,
Mulgrave, VIC 3170

1. This information is only a summary of the cover provided. The policies with full conditions are available by contacting JLT Sport.

2. This insurance program commenced on 1st November 2009 and expires on 1st November 2010.

3. JLT Sport has arranged this insurance program to provide benefits to those registered members of Indoor Cricket Queensland who, through injury or accident, incur financial loss and who would otherwise not have 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.

4. Indoor Cricket Queensland is not and does not represent itself as a registered insurance broker by endorsing the products outlined in this claim form.

* Please note Junior participants may not have all elements of this coverage. Please check with your Centre in respect to coverage before submitting this claim form.

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Important Information: Letter to Claimant

Important Information

Claim Conditions

Section A: Claimant's Details

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Dear Indoor Cricket Queensland 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 fully complete pages 3 & 4 and sign and date the Declaration.

3. Please ensure that your Centre official completes and signs the Centre Declaration on page 5.

4. For claims involving Loss of Income:-

   a) You must complete page 6 and have your employer/salary officer to complete page 6. If self employed, you must have your accountant complete these details;

   b) Have your Attending Physician complete the page titled "Physician's Report" on page 7 and 8.

5. For claims involving Non-Medicare medical expenses:

   b) 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 7 and 8.

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 us 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, 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 forward with all relating documentation and receipts to **Sportscover Australia Pty Ltd, Locked Bag 6003, Wheelers Hill, VIC 3150.**

   Please note it is a good idea to keep **a copy of all documents** forwarded in regards to your claim and all claims must be submitted to Sportscover Australia **within 180 days** from the date of injury.

8. Your reimbursement cheque or EFT transfer will be sent to you directly by Sportscover Australia Pty Ltd.

9. Once your claim is registered, you can submit ongoing invoices via Sportscover Australia Pty Ltd – **Locked Bag 6003, Wheelers Hill, VIC 3150.**

   Sportscover Australia Pty Ltd can also be reached on **ph: 1300 134 956** should you wish to make enquiries relating to the progress of your claim.

10. If you have any further queries relating to your claim, please do not hesitate to call the JLT Sport Team on 1300 130 373.

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Indoor Cricket Queensland Risk Protection Programme

Claims Conditions

Important Information

Claim Conditions

Section A: Claimant's Details

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How do I lodge my claim?

1. Complete ALL sections of the Personal Injury Claim Form
   - Your claim form may be returned if there is important information missing
   - For assistance, please contact Sportscover Australia on 1300 134 956.
2. Send your completed claim form to **Sportscover Australia Pty Ltd, Locked Bag 6003, Wheelers Hill, VIC 3150** within 180 days from the date of injury.
   - ***Do not*** wait until your treatments have concluded before you lodge your claim
   - You can lodge your claim even if you have no out of pocket expenses
3. Sportscover Australia Pty Ltd 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 Sportscover 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 Sportscover.

Retain a copy - Please submit only original receipts to Sportscover. 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 Sportscover Australia 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 Sportscover 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 Sportscover must be provided by you upon request and at your expense (if applicable).

Complete ALL sections

Send within 180 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim

Who is JLT Sport?

JLT Sport is the recommended broker for the Indoor Cricket Queensland 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:

We, JLT (including our subsidiaries and related entities), collect, store and use your personal details in accordance with the Privacy Act 1988 (and subsequent amendments).

We are collecting the information herein principally for the purpose of processing your Personal Injury Claim. Other purposes include providing risk management advice and statistical analyses to your sport.

By providing the information requested in this document, you agree to us collecting, using and disclosing your personal information as outlined in our Collection Statement available via www.jltsport.com.au

If you do not provide all or part of the information requested, we may not be unable to process your application 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 to 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 conditions herein. Where the information relates to health or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent.

Our Privacy Policy is available upon request or you can access it anytime via our web site

www.jltsport.com.au

JLT Sport Personal Injury Claim Form

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Section A: Claimant's Details

Important Information
Claim Conditions
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Section D: Physician's Report

PERSONAL INFORMATION:

Claimant's Name: ______ First Name ______ Surname

Postal Address: ______ Street Address ______ State ______ Postcode

Contact Details: ______ Email Address ______ Contact Number (Mobile Preferable)

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

Occupation: ______ Team/Club Name: ______

Sport played at time of injury: ______ Centre 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_____

Type of involvement? ○ Recreational ○ State levels ○ National levels ○ Elite/international

Injured Person? ○ Athlete/Participant ○ Coach ○ Judge ○ Official ○ Other_____

How did the injury occur? ○ Fall ○ Slip/Trip ○ Collision ○ Slip/Trip ○ Overbalance

Surface Conditions: ○ Wet ○ Dry ○ Muddy ○ Indoor ○ Other

What were you attempting to do at the time of injury? ○ New skill or activity ○ Pre-learnt skill or activity ○ General activity ○ 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 To whom should we make payment? ______ Payee Name

If compensation by cheque: ______ Payee Postal Address

If compensation by EFTPOS: ______ Bank ______ Name on Account ______ BSB ______ Account Number

CLAIMANT DECLARATION:

By signing the declaration below, you confirm and agree to the following:

A. The injury was sustained accidentally during a Indoor Sports activity and is not a pre-existing illness or condition.

B. You have viewed, read and understood the Product Disclosure Statement (PDS) at www.jltsport.com.au

C. You understand that the Health Insurance Act 1973 (Cth) prohibits the Insurer from reimbursing costs that are registered with Medicare (including the Medicare Gap).

D. 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.

E. You authorise any hospital, physician 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.

F. You agree that a photocopy or electronic version of this authorisation shall be considered as effective and valid as the original.

G. You declare that the forgoing 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.

Claimant's Signature* ______ Date: / /

**Parent or Guardian if under 18 years*

JLT Sport Personal Injury Claim Form

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Section B: Centre Declaration

Important Information
Claim Conditions
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Section D: Physician's Report

CLUB DETAILS:

Claimant's Name: ______________ (First Name) ______________ (Surname)

Centre Name: ______________

Centre Contact: ______________ (Centre Contact Person) ______________ (Position within Centre)

Contact Details: ______________ (Contact Phone Number) ______________ (Email Address)

Affiliation Confirmation: ○ Yes ○ No
Is the Centre Affiliated with Indoor Cricket Queensland?

INJURY DETAILS:

Date/Time: / / (Date of Injury) ______________ AM / PM (Time of Injury)

Circumstances: ○ Playing ○ Training ○ Travelling ○ Other

Opposition Team Name: ______________
If applicable

Location: ______________
Where did the injury occur?

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

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

CENTRE 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 Centre (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 the activity noted above and is not a pre-existing illness or condition.
D. The Claimant was a registered and financial member of this Indoor Cricket Queensland centre at the time of injury, and was entitled to insurance cover at the time of injury.
E. You confirm the centre's level of cover as per the details provided above.

Centre Representative's Name:			
Position at Centre:			
Centre Representative's Signature:		Date:	/ /

WITNESS STATEMENT:

A Statement from anyone who has witnessed your accident is required. Please have a witness provide a full description of the incident giving rise to the claimant's injury, as seen by the witness:

Witness's Name:			
Witness's Address:			
Official's Signature:		Date:	/ /

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Section C: Loss of Income

Important Information

Claim Conditions

Section A: Claimant's Details

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Section D: Physician's Report

TO BE COMPLETED BY THE CLAIMANT:

Do you wish to claim Loss of Income Benefits? If NO, proceed to SECTION D ○ Yes ○ No

If you are NOT claiming Loss of Income Benefits please do not complete this section. Please proceed to Section D.

If you wish to claim Loss of Income Benefits, ensure your club has purchased Loss of Income Cover for this Period of Cover. Please obtain details of your club's Loss of Income Cover before completing the following questions.

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 accident 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 Amount Paid: $ ____________ from ____ / ____ / ____ to ____ / ____ / ____

Annual Leave: ○ Yes ○ No Amount Paid: $ ____________ from ____ / ____ / ____ to ____ / ____ / ____

Other: ○ Yes ○ No Amount Paid: $ ____________ 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:

A. You are the Claimant's current employer (or accountant if the claimant is self-employed),

B. After reasonable inquiry, you confirm the employment and salary details supplied herein are true and accurate,

C. 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)*

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Section D: Physician's Report

This section must be completed (in full) by your attending physician.
An attending physician includes a general practitioner, physiotherapist, chiropractor or dentist.

THIS SECTION MUST BE COMPLETED WITHOUT EXPENSE TO JLT SPORT

PHYSICIAN'S REPORT

Claimant's Name: ______________ (First Name) ______________ (Surname)

Physician's Details: ______________ (Physician's Name) ______________ (Phone Number)

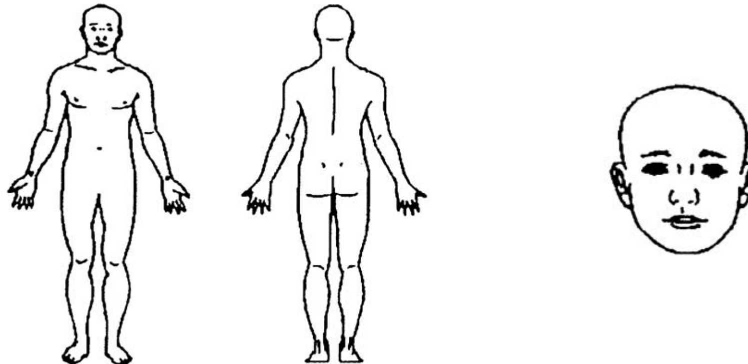
Injury Consultation: ___/___/___ (Date of Injury) ___/___/___ (Date of Consultation)

Diagnosis/History of injury:

Injury Location:

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

Please mark (×) 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):

Continued next page.

Important Information

Claim Conditions

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Section D: Physician's Report *continued*

Important Information

Claim Conditions

Section A: Claimant's Details

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PHYSICIAN'S REPORT

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 playing sport? / /

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