

Personal Accident Claim Form

Important information

Please read before completing this form

Catholic Church Insurances Limited will act on your claim as soon as we receive this form. You can help us to act quickly for you by:

- Completing all details
 - **Attaching original Doctor's Certificate.** The Certificate must show:
 - Name of injured person
 - Date, nature and extent of injury
 - **Where appropriate, the Doctor's Certificate must also show:**
 - Actual complete school days lost (The first day of treatment is not covered)
 - Actual days injured person requires domestic nursing assistance
 - Actual days injured person was hospitalised
 - **Dental Claims. Your dentist must provide a written statement confirming:**
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
 - Supplying us with the original account or receipts for claimable expenses
 - **NOTE:**
 1. WE DO NOT PAY MEDICAL EXPENSES OF ANY KIND
 2. FOR MAXIMUM BENEFITS PLEASE REFER TO YOUR POLICY
 3. WE DO NOT PAY ANY FEES, CHARGES FOR STATEMENTS OR REPORTS
 - Post completed claim form to Catholic Church Insurances Limited at
GPO Box 180 Melbourne Vic 3001 or email to claims@ccinsurances.com.au
- If you require any help in completing this form, please contact us on toll free 1300 655 001

IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH AN ADDITIONAL PAGE WITH THE FURTHER DETAILS

Injured Person's Personal Details (as shown in the policy schedule)

Surname		Given name/s	
<input type="text"/>		<input type="text"/>	
Postal address			
Street or PO Box No.		Street name	
<input type="text"/>		<input type="text"/>	
Suburb		Postcode	State
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone: Private	Business	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>			
Name of school/college		Phone number of school	Postcode of school
<input type="text"/>		<input type="text"/>	<input type="text"/>
Policy holder's name: Mr/Mrs/Ms			
<input type="text"/>			

Policy Details

Policy number

Period of cover

 / / to / /

Incident Details

Did the incident/personal injury/property damage occur during participation in, or attendance at, any WYD2008/DID08 or related event?

Yes No

Date reported to CCI

 / /

Date of incident

 / /

Time

am/pm

Place of Incident (Please tick ✓)

Home School Sports venue Excursion/camp Work Other

Time of Incident (Please tick ✓)

School hours Holiday/weekend/public holidays Weekday Other

Describe how the accident occurred

Section A – Lump Sum Benefits

Complete this section for loss or damage of teeth, days off school, nursing allowance, hospital inconvenience, breaks or fractures, dislocations, burns, disfigurement, disability or death. Please note: a medical certificate must be supplied confirming the actual number of school days lost, actual days of domestic nursing, assistance or actual days of hospitalisation if you are claiming this benefit.

What was the injury

Date of first treatment

 / /

Further treatment required?

YES NO

Complete the following only if you are entitled to claim

Number of complete school days lost (the first day of treatment is not to be included)

days

Number of complete consecutive days where nursing assistance is required

days

Number of complete consecutive days where person is hospitalised

days

Section B – Recoverable Expenses

Complete this section for clothing, education or sporting equipment, tuition fees, domestic home help, emergency transport, and emergency accommodation. The original account or receipts must be supplied for these expenses to be paid.

Expenses claimed	Nature of damage	Purchase price	Date of purchase*	Amount claimed
Total amount claimed				\$

Section C – Additional Expenses – School Fee Relief

(Maximum amount claimable per accident is \$5,000. For claim to be paid, death certificate must be provided together with documentation substantiating the amount of school fees payable)

School name				Phone number	
<hr/>					
School address					
Street or PO Box No.	Street name				
Suburb				Postcode	State
Contact name				Position	
Deceased person's full name					
Total amount claimed \$					

General Insurance Code of Practice

The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship. If you want more information about the Code please contact us or go to www.codeofpractice.com.au.

If we are unable to provide you with insurance cover, we will:

- give you reasons; and
- refer you to the Financial Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

How to make a complaint

If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days.

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of the company.

Once your dispute has been through our Internal Disputes Resolution Committee and if you are still not satisfied you can refer your complaint to the Financial Ombudsman Service. Contact details for the FOS are as follows:

The Financial Ombudsman Service – General Insurance

Post: GPO Box 3,
Melbourne, Victoria 3001

Freecall: 1300 780 808

Tel: 03 9613 6300

Fax: 03 9613 6399

Email: info@fos.org.au

Website: www.fos.org.au

The FOS is an independent insurance review body. Please note that the FOS will not accept a complaint unless you have first tried to resolve the problem with us.

If you prefer, you may pursue other options that may be available to you, such as consumer tribunals or legal process.

Safeguarding your information – Privacy

Privacy Statement

Catholic Church Insurances has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your application or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

Authorisation and Declaration from injured Person

- I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- I consent to Catholic Church Insurances Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurances Limited may not be able to process my claim.
- I consent to Catholic Church Insurances Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurances Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Your signature

Date: (dd/mm/yyyy)

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Check list

Please check:

- That all questions have been answered.
- That original Doctor's certificate is attached.
- That original account or receipts for claimable expenses are attached.

How to contact us

Mail Catholic Church Insurances Limited
GPO Box 180 Melbourne 3001
Email claims@ccinsurances.com.au
Website www.ccinsurances.com.au
Telephone 1300 655 001
Facsimile 03 9934 3468

 **Catholic Church
Insurances Limited**
Serving Church