

Injury Claim Form

Audax Australia Cycling Club Incorporated (Policy Number: 02PO030218)

Completing This Claim Form

- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- Notice in writing must be sent to the company within 30 days from the loss occurrence, or the claim may not be recognised.
- The section headed Medical Certificate is required to be completed by the attending Physician.
- Please email completed form to:
A&HClaims.AU@Chubb.com
O: 1300 795 779

Cycling Injury Report Form

General Information

Name			
Address			Postcode
Date of Birth		Sex (Please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Policy Number	02PO030218	Phone (Business hours)	
Phone (After hours)/ Mobile		Email	
Normal occupation prior to disablement/Accident			
Member number			
Commencement of membership		Expiry of membership:	

Accident Details Which Lead To Injury

Date of Accident		Time of accident	
Did the Accident occur during cycling?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location where accident occurred			
Did accident involve a collision with a motor vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to the above, please provide the name of the driver (if known):			
Please provide description and registration of the vehicle (if known):			
Please provide a detailed description of how the accident occurred:			
Did the Accident occur during/at the time of your employment? If Yes please provide further details below:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note: If there is an existing/potential workers compensation or accident compensation scheme claim, the benefits payable under this Policy may differ from those noted in the Policy Schedule. Please contact Tresidders Insurance Brokers for further information and/or consult page 26 of the Chubb Group Personal Accident Policy Wording.

Injury Details

Give a full description of the injury, which you are suffering:

Have you ever had this or a similar condition in the past?

Yes No

If Yes to the above, please state nature and condition

When was the condition treated?

Name of doctor who treated the condition

Doctor's address

Doctor's phone number

Sports Injury Report Form

Non Medicare Medical Expenses Claimed

(NB: Only attach receipts for services which are not subject to a Medicare rebate. i.e: Physiotherapy, Chiropractic).

Date of treatment	Name of provider	Type of service	Amount Claimed

Other Expenses Claimed

Attach receipts for services that are claimable under the Audax Australia Cycling Club Membership.

Date of service	Name of provider	Type of service	Amount Claimed

When did you first consult a physician for your injury?

When did you become totally disabled (unable to work)?

When were you able to again perform part of your occupational duties?

If still totally disabled, when do you expect your disability to terminate?

When will you resume cycling activities?

Please provide name, address and telephone number of hospital

Hospital	Address	Telephone

Please provide name, address and telephone numbers attending physicians

Name	Address	Telephone

Please provide name, address and telephone numbers of usual family physician:

Name	Address	Telephone

Other Insurance

Are you a member of another cycling sporting organisation? (i.e. ACF)? Yes No

If Yes to above, which one?

Are you a member of a private health fund? Yes No

If Yes to above, which one?

Hospital cover?		Extras cover?	
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Are you entitled to compensation/reimbursement from some other insurance? (i.e. Transport Accident Commission or Workers Compensation) Yes No

If Yes to above, which one?

Are you able to claim for, do you intend to claim for, and/or have you already claimed for costs & expenses related to your injury with any of the above? Yes No

If Yes to above, please provide details

Name of provider	Type of service	Amount claimed	Compensation received	Date Received

Authority To Give Information

I/we hereby authorise any doctor or medical attendant who has treated me or examined me or any person or firm who employs or has employed me to give the insurer such information as it may require regarding any injury or illness to me or my physical or mental condition or prognosis, or my employment, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were original.

Signature	
Date	

Note: The issuing or the receipt of this claim form is not to be construed as an admission of liability on the part of Chubb Insurance Australia Limited.

Loss Of Income Claim

Complete this section if self employed (please attach proof of earnings over past 12 months eg. Tax Return)

Your accountant's name	
Address	
Telephone Number	

Complete this section if employed as a wage earner (To be completed by your employer)

I Hereby Certify That			
has been unable to attend his/her usual occupation with the Company			
as a result of an injury/injuries suffered on			
He/She has been incapacitated since		and is expected to/and did resume duties on	
His/Her gross basic salary (excluding bonuses, commission, overtime) at the date of injury was		\$	P/W

During the period of incapacity he/she received					
(a) Normal pay:	\$	(b) Sick Pay:	\$	(c) Workers Compensation:	\$
From:	To:	From:	To:	From:	To:
(d) Other (please specify):	\$				
From:	To:				
He/She has been employed since					
His/Her sick leave entitlements at date of injury is					days
Name of Company					
Address					
Name of Supervisor of Paymaster					
Signature of Supervisor or Paymaster					
Telephone					
Date					

For the purpose of any claim payment to be made to the Insured under the Policy, please provide Your bank account details for Electronic Fund Transfer (EFT) purposes:

Name of bank		Account name	
BSB		Account No	
For international payment, please provide the Bank Swift Code			
Bank address			
For international payment, please specify the preferred currency of payment (e.g. USD)			

Luggage, Personal Effects & Money Claim

Have you submitted a claim for compensation for lost luggage from the transport provider (e.g. Airline)? (You need to claim compensation from the transport provider, e.g. Airline, in the first instance before submitting your claim to us - for luggage lost by transport provider) Yes No

Claim Amount					
Item e.g. iPad Mini, Model A1432	Age e.g. 1 year	Employer owned	Personal item	Currency e.g. USD	Replacement amount AUD \$
Less amount paid in compensation by transport provider or other insurer (if applicable)					\$
Total amount claimed AUD					\$

Additional Expense Claim

Reason for additional expenses

Additional expense item e.g. Hotel, London	Date expense incurred	Currency e.g. USD	Amount paid \$ AUD
Less amount compensated by airline (if applicable)			
Total amount claimed AUD			\$

Attending Physician's Statement

(The insured is responsible for completion of this form without expense to the company)

Name			
Address			
Age		Sex	
Height		Weight	

What is the disabling patient? (Please give a complete diagnosis of this condition)

History

1. When did the patient first receive medical treatment?	
2. Was there a previous history of this or a similar condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to above, please state condition and advise when previous treatment given.

3. a. How long have you known the patient?	
b. Are you the regular general practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If No to above, please advise who is

If Injury

1. When did patient suffer the injury?	
2. What are the circumstances surrounding the injury?	

If Disability:

1. Patient's occupation			
2. When was the patient obligated to cease work?			
3. When approximately will the patient be able to resume work?			
a. Some duties		b. Full duties	
4. If patient has recovered, when was patient able to resume work?			
a. Some duties		b. Full duties	

Treatment of present condition

1. When did patient suffer the injury?			
2. When were you most recently consulted?			
3. How often has patient consulted you?			
4. Was the patient confined to hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, please advise hospital name			
Address			
Period of confinement		From	To
5. Was confinement in a convalescent home necessary after hospitalisation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, please provide details:			
6. What are the current subjective symptoms?			
7. Please give results of any objective finding:			
X-rays:			
Other test - Please advise test done and findings:			
8. What surgical procedures have been performed?			
9. What surgical procedures have been contemplated?			
10. What other treatment has the patient undergone?			
11. What other treatment is required?			
12. Are there any underlying conditions affecting recovery from the current condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, please advise nature of underlying conditions and how they affect disability and recovery:			

13. Has the patient any other physical or mental impairment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, please describe			

14. Please advise names and addresses of other treating physicians:

Name	Address	Telephone

15. If you have terminated treatment, please advise date.	
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16. What is your current prognosis?

17. Are there any further remarks, which may assist in assessing this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes to above, please provide remarks below:
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18. Is there any permanent disability present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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19. If Yes, please explain giving estimated percentage of loss of function
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Name	
Phone	
Address	
Signature	
Date	
Qualifications	

Privacy and Claim Declaration

In this Statement, **We, Our** and **Us** means Chubb Insurance Australia Limited (**Chubb**).

You and **Your** refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time-to-time and where this occurs, the updated Privacy Policy will be posted to Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your Personal Information in accordance with the requirement of the Privacy Act 1988 (Cth) and the Australian Privacy Principles (**APPs**), as amended or time-to-time.

Why We collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You.

Sometimes, We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

How We obtain Your Personal Information

We collect Your Personal Information (which may include sensitive information) at various points including, but not limited to, when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You, but sometimes via a third party such an insurance intermediary or Your employer (e.g., in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

When do We disclose Your Personal Information?

We may disclose the information We collect to third parties, including:

- the policyholder (where the insured person is not the policyholder, i.e. group policies);
- service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors, call centres in Australia, online marketing agency, etc);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- government agencies (where we are required to by law);
- other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies); and
- third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time-to-time. Please contact us, if you would like a full list of the countries in which these third parties are located.

In the circumstances where We disclose Your Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

Your decision to provide Your Personal Information

In dealing with Us, You agree to provide Us with Your Personal Information, which will be stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

Access to and correction of Your Personal Information

Please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com if you would like:

- a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.

To request access to, update or correct Your Personal Information held by Chubb, please complete this Personal Information request form and return it to:

Email: CustomerService.AUNZ@chubb.com

Fax: + 61 2 9335 3467

Address: GPO Box 4907 Sydney NSW 2001

How to make a complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer
Chubb Insurance Australia Limited
GPO Box 4907
Sydney NSW 2001
+61 2 9335 3200
Privacy.AU@chubb.com

Declaration

I/We do hereby declare that the foregoing answers are true and correct. I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim could be forfeited.

Signature	
Date	

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to protect and individuals purchasing travel and personal accident insurance. With five branches and more than 800 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au.

Contact Us

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