

Personal Accident Claim Form

How to get quick action on your claim

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
- 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	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

Date reported to CCI

 / /

Date of incident

 / /

Time

am/pm

Place of Incident (Please tick✓)

Home Road School Sports venue Excursion/camp Work Other

Time of Incident (Please tick✓)

School hours Holiday/weekend/public holidays Weekday Work Other

Describe how the accident occurred

Date of first treatment

 / /

Further treatment required

YES

NO

Lump Sum Benefits (A supporting medical certificate must be attached for Lump Sum Benefit claims to be paid)

Complete this section for loss of teeth, days off school, nursing allowance, hospital inconvenience, breaks or fractures, burns, disfigurement, disability or death.

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

Recoverable Expenses (Receipts and medical certificates must be produced for these expenses to be paid)

Complete this section for clothing (depreciation applies), education or sporting equipment, tuition fees, domestic home help, emergency transport, and emergency accommodation.

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

* Complete for damage to clothing, education & sporting equipment.

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	
<input type="text"/>		<input type="text"/>	
School 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"/>	
Deceased person's name			
<input type="text"/>			
Total amount claimed	\$	<input type="text"/>	

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 Insurance 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 Insurance Ombudsman Service Limited (IOS). Contact details for the IOS are as follows:

Insurance Ombudsman Services
PO Box 651
Collins Street West
Melbourne VIC 8007
Tel: 1300 780 808 (toll free)
Tel: 03 9613 6300
Fax: 03 9621 2060
Email: ios@insuranceombudsman.com.au
Website: www.insuranceombudsman.com.au

The IOS is an independent insurance review body. Please note that the IOS 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.

Declaration

- 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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Upon completion of the claim form please return to:
GPO Box 180 Melbourne 3001

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