

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Important Information

### Who should use this claim form?

You should complete this form if:

**Insured** - You are a registered member, official or volunteer (Insured Person) of a Club (the Insured) covered within the Bushwalking Australia Risk Protection Programme

- ; and
- Injured** - You sustained an accidental injury during the Policy Period whilst actually participating in a sanctioned bushwalking event/activity; and
- Non-Medicare** - You are likely to incur or have incurred medical costs that are not listed on the Medicare Benefits Scheme

Before completing this form, ensure you are familiar with the Product Disclosure Statement (PDS) available on the insurance section of Bushwalking Australia's website [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance)

### What is covered?

The Bushwalking Australia Risk Protection Programme's Personal Accident cover provides some reimbursement for Non-Medicare Medical Costs and/or Loss of Income cover for 12 months from the date of injury.

Commonwealth Legislation prevents reimbursement of Medicare costs including the Gap. Non-Medicare Medical Benefits are covered up to the limits outlined below.

Please refer to [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance) for the Product Disclosure Statement (PDS).

### How much can I claim?

Please refer to the Programme Summary available on the Bushwalking Australia website for details about how much you can claim – [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance)

### What is NOT covered?

The following examples demonstrate some areas not covered by the Personal Accident cover:

- Medicare items (see below);
- the Medicare Gap (see below);
- Injuries sustained whilst playing against medical advice.

Please refer to [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance) for the Product Disclosure Statement (PDS) for further details.

### What does "Non-Medicare" mean?

Medicare is a Commonwealth Government programme that provides free or subsidised treatment from medical professionals such as doctors and specialists. The Medicare Benefits Scheme (MBS) lists the items that are eligible for a Medicare rebate.

Sometimes, your doctor or specialist may charge more than the Medicare rebate, which may leave you with out-of-pocket expenses. This is commonly called the "Medicare Gap".

Section 126 of The Health Insurance Act 1973 (Cth) does not permit the Insurer or the JLT Trustee to reimburse any part of a Medicare Item (this includes the Medicare Gap).

This means that if your treatment is listed on the Medicare Benefits Scheme, it is not claimable through the Bushwalking National Risk Protection Programme. For further information about Medicare please visit [www.health.gov.au](http://www.health.gov.au) or [www.medicare.gov.au](http://www.medicare.gov.au)

Please note: Some Private Health Funds may offer Medicare Gap Insurance Cover. JLT Sport is not a Private Health Fund, nor do we offer Private Health Insurance.

## Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Club Declaration

Section C:  
Loss of Income

Section D:  
Physician's Report

### WHAT'S COVERED?

#### NON-MEDICARE EXAMPLES:

Ambulance

Physiotherapist

Dental

Private Hospital Accom.

Chiropractor

### WHAT'S NOT COVERED?

#### MEDICARE EXAMPLES:

Doctor

Surgeon

Surgeon's assistant

Anaesthetist

X-Rays

Public Hospitals

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
[claims@acchealth.com.au](mailto:claims@acchealth.com.au)

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Claim Conditions

### How to lodge a Personal Injury Claim:

1. Complete ALL sections of the Personal Injury Claim Form
  - o Your claim form may be returned if there is important information missing
  - o For assistance, please contact Accident & Health International (AHI) on +61 2 9251 8700
2. Send your completed claim form to AHI Claims Department – GPO Box 4213, Sydney, NSW, 2001 or [claims@acchealth.com.au](mailto:claims@acchealth.com.au) within 120 days from the date of injury
  - o **Do not** wait until your treatments have concluded before you lodge your claim
  - o You can lodge your claim even if you have no out of pocket expenses
3. AHI 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 AHI 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 AHI.

**Retain a copy** - Please submit only original receipts to AHI. 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 AHI 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 AHI within 120 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 AHI must be provided by you upon request and at your expense (if applicable).

### Who is Accident and Health International (AHI)?

AHI administers the Personal Accident Policy for the Bushwalking Australia Risk Protection Programme (arranged by JLT Sport). AHI manages all claims associated with this policy.

### Who is JLT Sport?

JLT Sport is the appointed broker for the Bushwalking Australia 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

## Important Information

### Claim Conditions

Section A:  
Claimant's Details

Section B:  
Club Declaration

Section C:  
Loss of Income

Section D:  
Physician's Report

Complete ALL sections

Send within 120 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
[claims@acchealth.com.au](mailto:claims@acchealth.com.au)

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Section A: Claimant's Details

### PERSONAL INFORMATION:

Claimant's Name: \_\_\_\_\_  
First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Details: \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number (Bus. Hours) \_\_\_\_\_

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

Club Name: \_\_\_\_\_

Describe your injury and how it happened (please attached additional pages if required):  
\_\_\_\_\_  
\_\_\_\_\_

### INJURY RESEARCH DATA:

Weather Conditions:  Fine  Rain  Extreme Heat  Extreme Cold

Activities:  Liloing  Cycling  Orienteering  Bushwalking – day walk  
 Rafting  Boating  Rogaining  Bushwalking – pack carry  
 Caving  Training  Swimming  Social Activities  
 Canoeing  Kayaking  Snow Skiing  Club Meetings  
 Abseiling  Canyoning  Rock Scurrying  Track Hut Construction / Maintenance

Resumption date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
When will you resume WORK? \_\_\_\_\_ N/A \_\_\_\_\_ N/A

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:

#### EFT Payee Details:

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 bushwalking activity and is not a pre-existing illness or condition.
  - B. You have viewed, read and understood the Product Disclosure Statement (PDS) at [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance).
  - C. You understand that the Health Insurance Act 1973 (Cth) prohibits the Trustee and 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 Sportscover'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

Important Information

Claim Conditions

**Section A:**  
Claimant's Details

Section B:  
Club Declaration

Section C:  
Loss of Income

Section D:  
Physician's Report

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
[claims@acchealth.com.au](mailto:claims@acchealth.com.au)

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Section B: Club Declaration

### CLUB DETAILS:

Claimant's Name:	_____	_____
	First Name	Surname
Club Name:	_____	
Club Contact:	_____	_____
	Club Contact Person	Position within Club
Contact Details:	_____	_____
	Contact Phone Number	Email Address
N/A:	_____	

### INJURY DETAILS:

Date/Time:	____/____/____	_____	AM	PM
	Date of Injury	Time of Injury		
N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N/A	_____			
	If applicable			
Location:	_____			
	Where did the injury occur?			
N/A	<input type="radio"/>	<input type="radio"/>	_____	
	<input type="radio"/>	<input type="radio"/>	_____	

### CLUB 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 Club or League (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 bushwalking activity noted above and is not a pre-existing illness or condition.

Club 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:	____/____/____

### Important Information

Claim Conditions

Section A:  
Claimant's Details

**Section B:  
Club Declaration**

Section C:  
Loss of Income

Section D:  
Physician's Report

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
claims@acchealth.com.au

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Section C: Loss of Income

### TO BE COMPLETED BY THE CLAIMANT:

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

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

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 from  / / to  / /  
Annual Leave:  Yes  No from  / / to  / /  
Other:  Yes  No 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)

### Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Club Declaration

**Section C:  
Loss of Income**

Section D:  
Physician's Report

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
claims@acchealth.com.au

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## 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:

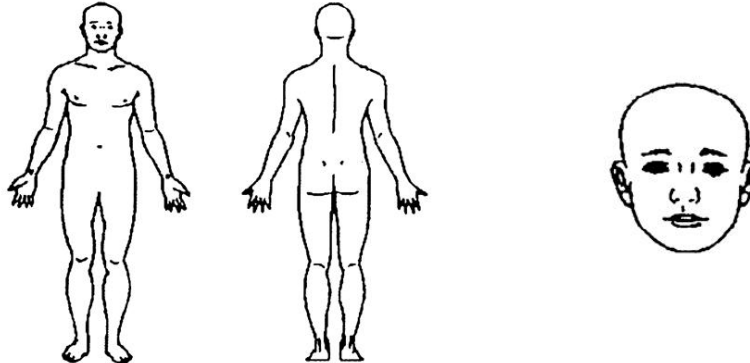
Injury Location:

Ankle     Arm     Dental     Facial     Foot

Hand     Head     Internal     Knee     Lower Leg

Shoulder     Spinal     Torso     Upper Leg

Please mark (x) 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):

Please continue to Page 7.

Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Club Declaration

Section C:  
Loss of Income

**Section D:  
Physician's Report**

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
claims@acchealth.com.au

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)

# JLT Sport Personal Injury Claim Form

Bushwalking Australia Risk Protection Programme



## Section D: Physician's Report

### PHYSICIAN'S REPORT (continued)

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 Bushwalking?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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:

Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Club Declaration

Section C:  
Loss of Income

**Section D:  
Physician's Report**

Send completed forms to:

**AHI Claims Department**

GPO Box 4213, Sydney, NSW,  
2001

Email:  
claims@acchealth.com.au

**Claims Enquiries:**

Phone: 02 9251 8700

[www.jltsport.com.au](http://www.jltsport.com.au)