

CLAIM FORM

Student Personal Accident

Important Information

The provision of this form by AIG is not an admission of liability or acceptance by AIG of your claim.

1. The Privacy Consent must be completed for all claims.
2. To avoid delay in processing your claim please ensure all sections are completed and necessary documentation specified in the section relevant to your claim is sent with this claim form.

How to ensure Your Claim is managed effectively

Please ensure you provide the following documentation :

- **Original Doctor’s certificate.** The certificate must show:
 - Name of injured student
 - Date, nature and extent of injury
- **Dental claims.** Your dentist must provide a written statement confirming:
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
- **Original itemised accounts or receipts for claimable expenses.**
- **Declaration on page 4 to be completed by Student/Parent/Guardian.**
- **Declaration on page 5 to be completed by School/College.**
- **Please submit your claim form and supporting documents to: Email: austclaims@aig.com or**
- **Post: AIG Claims Dept. GPO Box 4363, Melbourne, VIC 3001 Telephone: 1800 339 663**

Please note: AIG does not pay for the cost of obtaining documentation to support a claim.

STOP

IMPORTANT NOTE:

AIG Australia Limited is prohibited by Federal Health Legislation (including the *Health Insurance Act 1973 (Cth)*) from paying any Medicare rebate including the Medicare Gap

For Example:

A student breaks their arm whilst playing on the school playground

Doctor’s Fee	\$100.00	
Less Medicare Rebate	\$60.00	
Medicare Gap	\$40.00	* The Medicare Gap is NOT claimable under this policy

Check List For Students/Parents/Guardians

Please check

- That all questions have been answered
- That you have not included any Medicare claimable items or Medicare “gap” items
- That all supporting documentation is attached
- That you have signed the declaration on page 4

Check List For Schools & Colleges

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the parent/guardian have signed the declaration on page 4
- That the School/College has signed the declaration on page 5

To Be Completed By Student or Parent/Guardian

Personal Details

1. Student Title:	Surname:	Given name/s:
2. Student's date of birth:	D D M M Y Y Y Y	

Parent/Guardian

3. Title:	Surname:	Given name/s:	
4. Parent/Guardian email address:			
5. Postal address:		Postcode:	
6. Phone – Work:	Home:	Mobile:	Fax:
7. School/College name:			
8. School/College address:		Postcode:	
9. <input type="checkbox"/> Kindergarten	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Other

Electronic Funds Transfer (EFT) details

If you would like the claims settlement to be paid via EFT into your account, please complete your details below.

Account name:

Bank:	Branch:
BSB number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Incident Details (must be completed)

This policy is designed to provide specified benefits to students suffering bodily injury as a result of an accident. No benefits are provided for illness related incidents or costs.

10. Date of incident: Time: am pm

11. **Place of incident:** (Please tick ✓)

Home School Excursion/camp Road Sports venue (school)
 Sports venue (other) Other (Please give details below)

12. **Occurrence Period:** (Please tick ✓)

School hours School holidays Public holidays Weekend Before school After School

13. Describe how the accident occurred:

14. Date of first treatment: Further treatment required: Yes No

Please claim here for Non-Medicare Medical Expenses. Do not include Medical expense items where a Medicare rebate has been applied or you are claiming the Medicare Gap.

IMPORTANT NOTE:

AIG Australia Limited is prohibited by Federal Health Legislation (including the *Health Insurance Act 1973 (Cth)*) from paying any claim where a Medicare rebate has been paid or is payable including the Medicare Gap.

Provider of service	Nature of service provided	Amount claimed
		\$
		\$
		\$
		\$
		\$
		\$

Information Authority and Warranty

I hereby authorise any hospital, physician or other person who has attended me, or the claimants school to furnish AIG or its representatives with:

- (i) All copies of hospital and medical reports/notes;
- (ii) All copies of employment records and income tax returns; and
- (iii) All information pertaining to the claimants medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.
- (iv) The completion of all documentation and forms as required by my Insurer.

I agree that a photostat copy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that AIG relies upon the truthfulness of the particulars supplied by me in respect of the claim

Parent's or guardian's signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Print name:

Declaration (to be completed by School/College)

School/College/Details

15. School/College name:

16. School/College address:

Postcode:

17. School/College Phone:

Fax:

18. Contact name (and title):

Position:

19. Policy number:

20. Period of cover:

D	D	M	M	Y	Y	Y	Y
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 to:

D	D	M	M	Y	Y	Y	Y
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21. Did the accident occur during a school activity?

Yes

No

22. Do you consider the information given by the parents/guardians on this claim form to be accurate?

Yes

No

If no, please comment

23. Do you wish to make any further comment in relation to this claim?

Additional Comments

Signature of Authorised Representative of School/College:		Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Print name:	Position:									

Privacy

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Please note that we will only request for and rely on information that is relevant in assisting us to process your claim. However, failure to disclose information required may result in AIG not being able to administer or declining the claim. AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time. Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

Parent or Guardian's Name:

Parent or Guardian's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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AIG recognises that some customers require additional support when dealing with us. AIG has a range of inclusive support initiatives to assist customers with specific needs. If you have a physical or mental illness, financial challenges, difficulty understanding or reading English we can help. Please visit <https://www.aig.com.au/customer-care> for more information on how we can assist you. Alternatively, you can speak to our Customer Care team by calling 1300 295 016 or email us at acustomer@care@aig.com

 **aig.com.au**



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