

SUMMARY OF INSURANCE FOR NETBALL AUSTRALIA

RISK INSURANCE PROGRAM 2014/2015



INTRODUCTION

V-Insurance Group are the insurance brokers for Netball Australia. V-Insurance Group has worked closely with Netball Australia and their Member Organisations to provide a National Risk Insurance Program. This insurance cover applies when members and other insured persons/ entities are involved in activities that are sanctioned* by Netball Australia and all State/Territory Associations. These activities include organised club competitions, coaching clinics, official events, playing, training and trialling, fundraising activities and travel to and from these activities. This brochure is a summary of cover only. If additional cover is required to this standard cover, please contact V Insurance Group for an additional quotation.

*Should you require further clarification on sanctioned activities, please contact your State or Territory Association.

WHO IS INSURED?

This program covers Netball Australia and all State/Territory Associations, all affiliated clubs and associations including all members, temporary/trialling members, regional boards, officials, accredited coaches, umpires, executives and voluntary workers:

WHAT IS COVERED?

This program incorporates three covers;
a) Public & Products Liability b) Professional Indemnity
c) Personal Accident d) Property Insurance
e) Association Liability (Directors & Officers)

Public and Products Liability Insurance

SCOPE OF COVER

This policy provides protection for insured entities and members that are held liable for a negligent act that results in property damage or bodily injury anywhere in the World excluding USA & Canada.

LIMIT OF LIABILITY

The cover provided is up to a maximum of \$20,000,000.

EXCESS

There is a \$1,000 excess payable for all claims. The payment of the excess is the responsibility of the defending party and will not be paid by Netball Australia and/or the State/Territory Associations unless otherwise agreed.

Professional Indemnity Insurance

SCOPE OF COVER

Provides indemnity to a coach or official if they are held liable for an error or incorrect advice which results in injury or property damage to a third party.

LIMIT OF LIABILITY

The cover provided is up to a maximum of \$10,000,000.

EXCESS

There is a \$1,000 excess payable for all claims. The payment of the excess is the responsibility of the defending party and will not be paid by Netball Australia and/or the State/Territory Associations unless otherwise agreed.

Personal Accident Insurance

SCOPE OF COVER

Coverage applies whilst members are involved in sanctioned Netball Australia and / or State / Territory Association activities. These activities include organised club competitions, coaching clinics, official events, playing, training, trialling, official fundraising and social activities and travel to and from these activities.

This section provides cover for members aged 2-100 years of age.

BENEFITS

The main benefits under the Personal Accident Policy as listed below:

1) DEATH & PERMANENT INJURIES

A lump sum benefit is payable in the event of death or a Permanent Disability. The scale of benefits is defined in the policy. The death benefit for members is \$100,000 (other than anyone under 18 and over 71 years of age, then the benefit is \$20,000). The paraplegia and quadriplegia benefit is \$250,000.

CONTINUED OVERLEAF

Call 1300 945 547 or +61 2 8599 8660 Fax +61 2 8599 8661
Address Level 4, 179 Elizabeth Street, Sydney NSW 2000
Email sports@vinsurancegroup.com www.vinsurancegroup.com



**V-INSURANCE
GROUP**
CORPORATE AUTHORISED REPRESENTATIVE OF WILLIS

2) NON-MEDICARE MEDICAL EXPENSES

This covers insured persons for NON-MEDICARE medical expenses. The policy is for reimbursement only. That is, the member must pay the account and then claim reimbursement under this insurance cover.

The most common "Non-Medicare" expenses include:

- Private Hospital Bed & Theatre Fees
- Ambulance
- Physiotherapy
- Dental
- Chiropractic
- Osteopathy

Medical expenses that are covered by Medicare (i.e. not covered by this sports injury policy) include:

- Doctor's Fees
- Anaesthetist's Fees
- Surgeon's Fees
- X-rays

BENEFIT

Reimbursement up to 80% of Non-Medicare medical costs, up to a maximum of \$2,500 per injury. (Higher limits for officials and voluntary workers apply).

EXCESS

\$75 excess applies to each injury. \$25 excess applies if you are a member of a Private Health Fund and have cover for the expenses claimed.

CONDITIONS

- If a member belongs to a private health fund, they must claim from that fund first.
- Non-Medicare medical costs are only reimbursed by this policy if incurred within 52 weeks from the date of injury.

3) LOSS OF INCOME

This benefit provides cover for insured persons who work 10 hours or more per week over the 8 week period immediately prior to the Injury.

BENEFIT

100% of your net weekly income up to a maximum of \$250 per week (\$300 per week for Netball WA).

EXCESS

There is no benefit claimable for the first 14 days that you are away from work as a result of injury.

BENEFIT PERIOD

104 weeks from the date of injury.

4) STUDENT TUTORIAL BENEFIT

Reimburses 100% of actual costs up to a maximum of \$400 per week for costs actually incurred for tutoring to assist the full time student.

EXCESS

14 days.

BENEFIT PERIOD

52 weeks from the date of injury.

OTHER BENEFITS AVAILABLE BUT NOT LISTED ARE:

- Domestic home help—non income earners
- Home Help Benefit
- Parents Inconvenience Allowance
- Funeral Benefit
- Modification Benefit

PROPERTY INSURANCE

All property belonging to an Association of every description up to an amount of \$20,000 (Limit any one Association with option to increase cover). This includes sporting equipment, outbuildings, sheds, contents, electronic equipment and stock. The following items are also automatically covered by the property policy;

- Money \$25,000 (on premises, in transit, outside business hours, in a locked safe) \$5,000 (in private residence)
- Removal of Debris
- Accidental Damage
- Theft of property in the open air (excluding money) up to \$10,000

WHERE IS YOUR PROPERTY COVERED?

- Anywhere in Australia (including Netball goods being stored at members domestic dwellings)*
- This insurance policy covers any and all property owned by a netball club association. If your club/Association's property is greater than \$20,000, V-Insurance can increase your sum insured. (Please note an additional premium may apply)

*Electrical items such as laptops, projectors and video equipment require a separate general property (portable equipment) policy for cover to apply when taken outside of your Association/Club premises.

WHAT IS THE EXCESS?

Earthquake \$20,000 or 1%
Named Cyclone Damage \$5,000
All other loss \$500

ASSOCIATION LIABILITY (DIRECTORS & OFFICERS)

Association Liability Insurance is designed to protect insured entities and Directors and Officers for honest mistakes made by directors and other officers involved in the management of the affairs for the organisation. Indemnity is provided for loss as a result of a claim arising out of an insured director's "wrongful act". A wrongful act is liability arising from any actual or alleged act, error or omission.

WHO IS COVERED?

Directors & Officers of Netball Australia, all State / Territory Associations and all affiliated associations and clubs.

WHAT IS COVERED AND WHAT ARE THE LIMITS OF LIABILITY?

\$10,000,000 anyone claim and \$10,000,000 in the aggregate during the period of insurance.

Association Liability is essentially made up by 5 covers;

- 1) Directors & Officers
- 2) Professional Indemnity
- 3) Employment Practices Liability
- 4) Crime (limited to a max of \$500,000)
- 5) Statutory Liability (limited to a max of \$1,000,000)



WHAT IS THE POLICY EXCESS?

\$2,500 each and every claim except;
\$5,000 for employment practices liability and crime related claims

HOW TO MAKE A CLAIM

PERSONAL ACCIDENT

- A claim form will need to be completed and submitted as soon as possible, contact V-Insurance Group to obtain a claim form or download a claim form from the website www.willis.com.au/netballaustralia.
- The declaration on the claim form needs to be signed by your Association/Club.
- Once you have completed your claim form, please forward to Claims Services Australia. They handle all claims for the insurer. Their contact details are as follows;

Innovation Group (Claims Services)
PO Box 2717, TAREN POINT NSW 2229
Phone (02) 9541 8423 or local call cost only 1300 363 413

PUBLIC AND PRODUCTS LIABILITY, PROFESSIONAL INDEMNITY AND ASSOCIATION LIABILITY

In the event of a liability claim, do not admit liability under any circumstances. Contact V Insurance Group immediately to notify any incidents on ph: 1300 945 547.

PROPERTY INSURANCE

- A claim form will need to be completed and submitted as soon as possible, please contact V-Insurance Group to obtain a claim form.
- Any claim you know or suspect involves a criminal act must be reported to the police.
- To substantiate your claim for the damaged/stolen items, original purchase receipts or quote for replacement must be included.

IMPORTANT NOTES

- 1) This summary of cover provides factual information about the Netball Australia Insurance Program.
- 2) This information is only a summary of the cover provided. The policies with full conditions are available by contacting Netball Australia, your State / Territory Association or visiting www.willis.com.au/netballaustralia
- 3) This insurance program commenced on 1 January 2014 and expires on 1 January 2015.
- 4) V Insurance Group has arranged this insurance program to provide benefits to those registered members of your State / Territory Association who, through injury or accident, incur financial loss and who would otherwise not have received assistance. The program seeks to provide benefits to those most exposed and to maintain protection at the lowest possible cost to membership. It therefore cannot provide 100% cover or a benefit for every loss that occurs. Federal Government Legislation prevents insurance companies from paying any insurance benefit for a medical service that is covered by Medicare. This legislation also applies to the Medicare gap. In addition to these policies all members are encouraged to take out Private Health and Income Protection Insurance.
- 5) Netball Australia and your State / Territory Association are not and do not represent themselves as licensed insurance broker by endorsing the products outlined in this brochure.
- 6) The insurer for the Public Liability & Professional Indemnity and Personal Accident Program is Calliden Insurance Limited via Sports Underwriting Australia Pty Ltd. The Association Liability insurer is American International Group (AIG). The Property insurer is Mobius for and on behalf of Lloyds of London.

V-Insurance Group Pty Ltd, Corporate Authorised Representative of Willis
ABN: 67 160 126 509 ARN: 432898 AFSL: 240600



More information is available by visiting www.willis.com.au/netballaustralia

www.vinsurancegroup.com



V-INSURANCE
GROUP

CORPORATE AUTHORISED REPRESENTATIVE OF WILLIS



Certificate of Currency

This is to certify the insurance policy detailed below is current and in force.

Insured Companies

Netball Australia, All Australian Netball Association t/as

Association/Club: Northern Gold Coast Netball Association / Runaway Bay Netball Club

Type of Policy

A) Public & Products Liability

B) Professional Liability

Policy Number

AU00005496LI17A

Period of Insurance

1 January 2017 to 1 January 2018 at 4:00 pm LST

Territorial Limit

Worldwide

Limit of Liability

A) AUD \$30,000,000 any one Occurrence and in the aggregate in respect of Products per Period of Insurance

B) AUD \$10,000,000 each Occurrence and in the aggregate per Period of Insurance

Basis of Coverage

A) Occurrence

B) Claims Made

Nothing herein contained shall serve to alter, vary or waive the provisions of the above-mentioned policy. For full details regarding coverage refer to the policy documentation or contact V-Insurance Group on 1300 945 547 or email sports@vinsurancegroup.com.

Signed on behalf of XL Insurance Company SE

A handwritten signature in blue ink, appearing to read 'Craig Elliot'.

Craig Elliot

Casualty | Insurance

XL Catlin

Date: 3rd of August 2017

Melbourne

Sydney

For more information please contact your local XL Insurance Company SE office or visit our website xlcatlin.com

ABN 36 083 570 441



netball
QUEENSLAND

PERSONAL INJURY CLAIM FORM

**INSURANCE BROKER
FOR NETBALL QLD**

V-Insurance Group Pty Ltd
Authorised Representative No. 432898
an authorised representative of
Willis Australia Limited AFSL: 240600
Level 25, 123 Pitt Street, SYDNEY NSW 2000
Phone (02) 8599 8660 or local call cost only 1300 945 547
Fax (02) 8599 8661
Email: netball@vinsurancegroup.com

CLAIM FORMS ARE TO BE SENT TO

Fullerton Health Corporate Services
Level 10, 33 York Street
SYDNEY NSW 2000
Phone: (02) 8256 1770
Fax: (02) 8256 1775
Email: claims@fullertonhealthcs.com.au

NETBALL QLD SUMMARY OF INSURANCE COVER

What is Covered?

The Netball Australia National Risk Protection Insurance Personal Accident Insurance Program, which extends to cover Netball QLD provides cover for a number of policy benefits. Please refer to the V-Insurance Group Netball Australia website to view the Product Disclosure Statement with full terms and conditions.

The most commonly claimed sections of the Netball QLD Personal Accident policy are reimbursement of Non Medicare Medical expenses and Loss of Income cover.

Important information

The Health Insurance Act (Cth) 1973 does not permit the insurer to contribute to any charges covered, or partially covered by Medicare. Sometimes, your Doctor, specialist or surgeon may charge more than the Medicare rebate, which may leave you with out of pocket expenses. This is commonly called the "Medicare Gap". The Medicare Gap is not covered by the Netball QLD Insurance Program due to Government Legislation.

Please refer to the table below for some common examples:

Non-Medicare Medical Items; claimable as per the Personal Accident policy wording	Items covered by Medicare; not claimable through the Personal Accident Policy
Ambulance	Doctor
Physiotherapist	Public Hospitals
Dental	Surgeon & Surgeon's Assistant
Private Hospital Accommodation	X-Rays
Chiropractor	Anaesthetist
MRI Scans*	MRI Scans*
*MRI scans are generally covered through Medicare; however please check with your treating physician, as sometimes the provider is not registered with Medicare.	

What are the Policy Benefits for Non Medicare Medical and Loss of Income

The following table outlines the policy benefits applicable for Non Medicare Medical and Loss of Income under the Netball QLD Insurance Program;

Non-Medicare Medical	Benefit
If you have Private Health Insurance	Reimbursement of 100% up to \$2,500 per injury for members / players (\$5,000 for officials and volunteers) \$Nil excess
If you do not have Private Health Insurance	Reimbursement of 80% up to \$2,500 per injury for members / players (\$5,000 for officials and volunteers) 100% cover for ambulance only up to \$2,500 for members / players and \$5,000 for officials and volunteers \$75 excess
Loss of Income	Benefit
If as a result of your injury you are prevented from working in your occupation a Loss of Income benefit may apply	100% reimbursement or \$250 per week (members / players). Higher limits apply for officials / volunteers 14 day excess, 104 week benefit period

Important Notes

This insurance cover is underwritten by:- QBE Insurance (Australia) Limited
ABN 78 003 191 035

1. This summary of cover provides factual information about the Netball QLD Insurance Program.
2. This information is only a summary of the cover provided. The policy with full conditions is available at www.vinsurancegroup.com/netballaustralia or available by contacting Netball QLD.
3. This insurance program commences on 1 February 2017 and expires on 1 February 2018.
4. V Insurance facilitates this insurance program which provides benefits to those registered members of Netball QLD who, through injury or accident, incur financial loss and who would otherwise not have received assistance. The program seeks to provide benefits to those most exposed and to maintain protection at the lowest possible cost to membership. It therefore cannot provide 100% cover or a benefit for every loss that occurs. Federal Government Legislation prevents insurance companies from paying any insurance benefit for a medical service that is covered by Medicare. This legislation also applies to the Medicare gap. In addition to these policies all members and officials are encouraged to take out private health insurance.
5. Netball QLD is not and does not represent itself as a registered insurance broker by endorsing the products outlined in this claim form.

HOW TO MAKE A CLAIM

Dear Netball QLD member,

Please find attached a claim form. Before lodging this form, please ensure all sections are fully completed. Failure to complete all sections of this form properly may delay settlement of your claim.

1. Only one claim form (per injury) is required. A claim form should be completed and submitted as soon as you become aware that you will be making a claim. You do not have to wait until after you have completed treatment for your injury to lodge your claim form.
2. Please ensure that you fully complete pages 5 & 6 and sign and date the Declaration.
3. Please ensure that your Association/Club official completes and signs the Association/Club Declaration on page 5.
4. For claims involving Loss of Income:
 - a) You must complete page 8 and have your employer/salary officer to complete page 8. If self employed, you must have your accountant complete these details;
 - b) Have your Attending Physician or Physiotherapist complete the page titled "Doctor's Statement" on page 10.
5. For claims involving Non-Medicare medical expenses:

Medical treatment must be certified necessary by an attending physician and incurred within Australia. (An attending physician includes a general practitioner, physiotherapist, chiropractor, dentist).

 - a) Have your Attending Physician complete the "Attending Physician" statement on page 10.
6. Please attach all original receipts (unless retained by your health fund). Hospital claims must be accompanied by an itemised receipt. If treatment is covered by your Private Health Fund please send their rebate advice with a copy of the relevant account.

Please note:

No cover is provided for Surgeons, Anaesthetists, Doctors, X-rays or other accounts which are partly covered by Medicare. The Australian Health Insurance Act does not permit the insurer to contribute to any charges covered by Medicare (including the Medicare Gap).

The insurer will pay a percentage of the amount, as indicated in the Policy schedule, for private hospital bed and theatre fees, dental, ambulance (if not otherwise covered), chiropractic, physiotherapy, osteopath, naturopath, massage and pay for orthotics prescribed by a surgeon to aid recovery.

Subject to the Insurance Contracts Act 1984 any treatment rendered necessary by injury must be completed within 12 calendar months from the date of such injury occurring.

7. Once you have fully completed all sections of the claim form, please have your Association/Club complete and sign page 5 and confirm your injury occurred during a sanctioned activity.
8. Once you have completed your claim form, please forward to Fullerton Health Corporate Services (FHCS). They handle all claims for the insurer. Their contact details are as follows;

Fullerton Health Corporate Services
Level 10, 33 York Street
SYDNEY NSW 2000
Phone: (02) 8256 1770
Fax: (02) 8256 1775
Email: claims@fullertonhealthcs.com.au

9. Your reimbursement cheques will be sent to you directly by Fullerton Health Corporate Services.
10. Once your claim is registered, you can submit ongoing invoices via Fullerton Health Corporate Services. Fullerton Health Corporate Services can also be reached on the above contact details should you wish to make enquiries relating to the progress of your claim.
11. If you have any further queries relating to your claim or the cover, please do not hesitate to call the V Insurance Group Team on ph: (02) 8599 8660 or 1300 945 547.

PERSONAL ACCIDENT CLAIM FORM

CLAIMANT DETAILS

Association Name(compulsory): Club Name:	Member No (if applicable):	Claimants Given Name: Surname:
Name of team/age group/grade:		
Gender (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:	Date of Birth: / /
Address	State Postcode	Email:
Phone Number (work): ()	Home: ()	Mobile:
Please tick the category applicable <input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Other If Other, please advise _____		

DECLARATION AGREEMENT AND AUTHORISATION BY CLAIMANT

I _____ (insert name) solemnly and sincerely declare that the information provided in this claim form and any attachments which I have provided, is true, correct and complete in every detail. I agree that if I made any false or fraudulent statements, or have concealed information of a material nature relevant to the assessment of my claim, that all benefits under this policy shall be forfeited.

I hereby authorise QBE Insurance (Australia) Limited to collect and disclose information about me from and to the Health Insurance Commission, any insurance company, any hospital, physician, medical practice, any medical services provider, any past or present employer, investigators, insurance reference bureau, financial institutions including banks, the Taxation Department or my accountant with respect to any sickness, injury, medical history, consultation, treatment including prescription of medication, copies of hospital medical records and tests and reports, medical practice records, vocational and employment records from past and present employer, copies of accounts and accountants statements including my taxation returns and assessments.

I consent to the collection, use and disclosure of personal information by QBE Insurance (Australia) Limited and their service providers in order to assess the claim. QBE Insurance (Australia) Limited complies with the obligations of the Privacy Act 2001 and the principals laid out in our privacy policy which is readily available upon request.

Signature of Claimant _____ Date _____
(or Legal Guardian if under 18 years of age)

DECLARATION BY ASSOCIATION/CLUB

Name of Association/Club:	Name of Association/Club Official making this statement:
Official Position:	Telephone Number: () Email:
Address	State Postcode
I, the above mentioned Netball QLD Club Official, confirm that the claimant was a registered and Financial member of this Netball QLD club and was an insured person as identified in the Personal Accident Insurance with QBE Insurance (Australia) Limited at the time of the accident, that the information contained in this statement is true and correct, and to the best of my knowledge and belief the information referred to in this claim form is true and correct.	
Do you have any comments in relation to this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail below _____	
Dated: / /	Signature of Association/Club Official:

ACCIDENT DETAILS

Describe the accident and how it happened? _____

Describe your injury?

When did your accident occur?

Date: / / Time: am/pm

Was your activity at the time of the accident? (please tick)	Officially organised competition	()
	Officially organised training	()
	Social or private competition	()
	Travelling to and from activity	()
	Sanctioned fundraising/social event	()

What type of Netball activity were you participating in? (please tick)	Netball Association / Club Activity	()
	Fast 5 Netball	()
	NetFest	()
	Social Netball Training / Competition	()

Please provide the address of where the injury occurred?

State the name of any one witness to the injury:	Address of Witness:
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Person to whom accident/incident reported?	Date and time reported? Date: / / Time: am/pm
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Brief summary of treatment/action taken at the time of the accident/incident?

Was hospitalisation required?	If yes, please advise the name of hospital?
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If admitted into hospital, how long were you there?	Name of person who gave treatment?
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Do you have Private Health Insurance?	If yes, please give fund name?
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Advise when you did (or expect to):	Cease work/normal activities	_____
	Cease training	_____
	Cease participating	_____
	Resume work/normal activities	_____
	Resume training	_____
	Resume participating	_____

Have you ever had this injury or similar injuries in the past? Yes/No	If yes, please advise when? / /
---	---------------------------------------

The following information is required for Netball QLD research to assist with Risk Management, answering these questions will not affect your claim

Where did your injury occur? (please tick)	Indoor	()
	Outdoor	()
Surface at point of injury? (please tick)	Timber	()
	Synthetic	()
	Concrete / Asphalt	()
	Other, please advise.....	()
Weather conditions? (please tick)	Fine	()
	Rain	()
	Showers	()
	Extreme Heat	()
	Extreme Cold	()
Surface Conditions? (please tick)	Wet	()
	Dry	()
	Other, please advise.....	()
Quarter/half injured? (please tick)	1 st Quarter	()
	2 nd Quarter	()
	3 rd Quarter	()
	4 th Quarter	()
	Not applicable	()

LOSS OF INCOME

(ONLY COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR LOSS OF INCOME)

(please tick the box) Yes No

1. Can compensation be claimed under worker's compensation or any other insurance or any other insurance including Loss of Income?

2. Have you ever made any previous claims in respect to personal accident insurance or any other insurance?

3. Have you engaged in any other income earning employment since you have been injured?

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR EMPLOYER/SALARY OFFICER.
IF SELF EMPLOYED, PLEASE HAVE YOUR ACCOUNTANT COMPLETE THESE DETAILS.

Name of employer:	Telephone Number: ()	Fax Number: ()
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Address of employer:	State	Postcode
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Date ceased work due to injury: / /	Date expected to resume normal duties: / /
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Employee weekly salary as at date of injury: Net \$..... Gross \$..... <small>If self employed, provide average weekly salary based on 12 month period directly prior to injury. A copy of your latest taxation return is also to be provided as proof of earnings for self employed persons.</small>	Date commenced employment with company: / /
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Income Definition:

Self Employed Full Time Part Time Casual

During the period of incapacity the employee has received

\$..... Normal Pay	From/...../.....	to/...../.....
\$..... Sick Pay	From/...../.....	to/...../.....
\$..... Workers' Compensation	From/...../.....	to/...../.....
\$..... Other (please specify)	From/...../.....	to/...../.....

Has the employee returned to work? Yes No

Has the employee lodged or intending to lodge a Workers Compensation Claim? Yes No

A. IF EMPLOYED

Salary officers name:	Phone Number: ()
Salary officers signature:	Date: / /
Company Stamp:	ABN/ACN:

B. IF SELF EMPLOYED

Accountant's name:	Phone Number: ()
Accountant's signature:	Date: / /
Accountants Company Stamp:	

NON MEDICARE MEDICAL EXPENSES

(ONLY COMPLETE THIS SECTION IF CLAIMING FOR THESE EXPENSES)

Do not attach accounts paid or part paid by Medicare. The Australian Health Insurance Act does not permit us to contribute to any charges covered by Medicare (including the Medicare Gap).

Are you a member of an Ambulance Service? Yes No

Are you a member of a Private Health Fund? Yes No

If yes, please provide details

Hospital Cover? Yes No

Extra's covering, Physio etc Yes No

Original accounts and receipts must be submitted together with details of recoveries from any Private Health Insurance.

NAME OF PROVIDER	NATURE OF SERVICE E.G DENTAL PHYSIOTHERAPY ETC	DATE OF SERVICE	CHARGE	PRIVATE HEALTH FUND RECOVERY (IF APPLICABLE)	AMOUNT CLAIMABLE
Total					
Less Excess					
TOTAL AMOUNT OF CLAIM					

If claiming physiotherapy or other specialist treatment, please provide the name and address of referring doctor:

Name of Doctor:.....

Address:.....

Authorised Representative No. 432898
 an authorised representative of
 Willis Australia Limited AFSL: 240600
 Level 25, 123 Pitt Street, SYDNEY NSW 2000
 Phone (02) 8599 8660
 or local call cost only 1300 945 547
 Fax (02) 8599 8661
 Email: netball@vinsurancegroup.com

Office use only
Policy Number: _____
Claim Number: _____

SPORTS INJURY ATTENDING PHYSICIAN'S REPORT

IMPORTANT

1. **The patient is responsible for any fee for this statement.**
2. **This form can only be completed by the treating Medical Practitioner, Surgeon or Physiotherapist.**
3. **If "Yes" answered to any of the following, please give details.**
4. **Dashes or blank spaces are not acceptable.**

TO BE COMPLETED BY THE ATTENDING PHYSICIAN/PHYSIOTHERAPIST

Patient's Full Name:

How long have you known the patient?

What date and where were you first consulted by the patient in connection with the present injury? / /

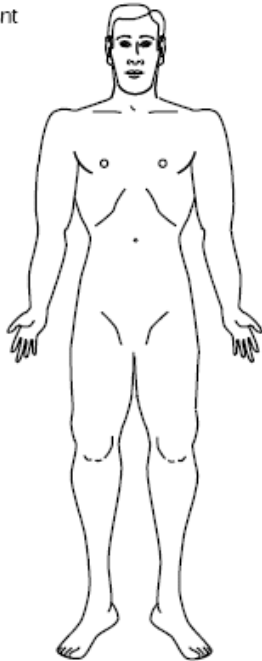
Patient's Occupation:

Are you the patient's regular general practitioner? Yes No

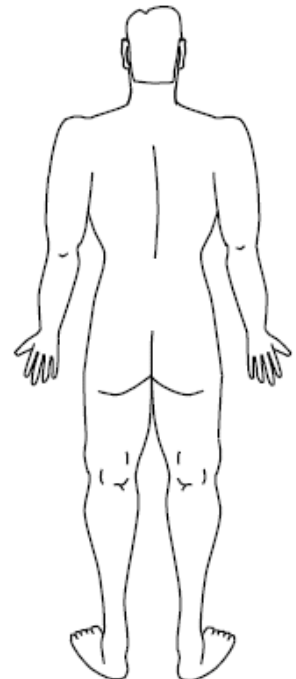
If not, please advise who is

What is the exact nature of the present injury?

Front



Back



Head



Do you consider the patients injury to be a new injury? Yes No

A recurrence of an old injury? Yes No

If yes, please state condition and advise when previous treatment was given

Have you referred the patient to any other services or treatment? Yes No

Please specify the type and approximate number of treatments required:

Physiotherapy

Chiropractic

Other

Have any surgical procedures been performed? If yes, please specify

What surgical procedures are contemplated?

Are there any further remarks which may assist in assessing this condition?

Is there any permanent disability at present? Yes No

If yes, please explain giving estimated percentage loss of function

Was the patient obliged to cease work? Yes No

If so, when do you expect the claimant to resume: Some Duties

Full Duties

What date do you advise the patient to return to netball?

Does the patient have any congenital defects or chronic diseases? Yes No

If yes, please give dates, name of treating doctor and describe

If the patient has been hospitalised, please give name of hospital and dates hospitalised:

Name of Hospital:	Date Admitted	Date Released
	/ /	/ /

CERTIFICATION BY ATTENDING PHYSICIAN

I hereby certify I have personally examined the above named patient and in my opinion the statements made in the Accident details section of this claim form are consistent with the patient's injury.

Name: Telephone Number: ()

Fax: () Email:

Address:

Signature: Qualifications:

Date:

METHOD OF PAYMENT

Should a benefit be payable for this claim then you have a choice of receiving your payment by cheque or Electronic Funds Transfer (EFT) to a nominated bank account

Please indicate your preferred method of payment (please tick) Cheque EFT

If you would like your payment made by EFT, please complete the details below.

NAME OF CLAIMANT

Title: Mr. Mrs Miss

Name: _____

BANK ACCOUNT DETAILS

BSB number (all 6 digits are required here)

Account Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Nominated account name: _____

Bank, Credit Union, Building Society name: _____

Branch: _____

DECLARATION BY CLAIMANT (OR GUARDIAN IF CLAIMANT UNDER 18)

I hereby authorise Fullerton Health Corporate Services (FHCS) as agents of QBE Insurance (Australia) Limited to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account. I understand and agree that the following conditions will apply:

- I agree that the payment is made when FHCS has instructed its bank to credit the nominated account and that we release FHCS from any further liability in relation to this payment.
- FHCS is not responsible for any delays in payment or errors due factors outside its reasonable control, including delays or errors in the financial system or errors in the supplied account details.
- I agree to FHCS collecting, holding and maintaining the following personal information to authorise payments to my nominated bank account. I agree to FHCS (Claims Services)'s disclosure of this information, to FHCS's bank and my bank for the purpose and administration of processing my payment. I understand that I have the right to access or correct my personal information under the *Privacy Act 1988*. I understand that my failure to supply full details and to sign this declaration may result in my payment not being paid or my payment being paid into a wrong account.
- I declare that the details in this application are true and correct and (where applicable) I am authorised on behalf of the Company to provide the information above.
- I agree that my personal information may also be shared with Netball Australia's insurance brokers, V-Insurance Group.

Signature: _____

Date: _____

Print Name: _____