

# JLT Sport Personal Injury Claim Form

Indoor Sports NSW Risk Protection Programme



## General Information

All claims must be submitted to Indoor Sports NSW **within 180 days** from the date of injury.

Any treatment must be completed within **12 calendar months** from the date of injury.

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.

Indoor Sports NSW is not and does not represent itself as a registered insurance broker by endorsing the products outlined in this claim form.

### What am I covered for?

Please refer to the Summary of Cover on the JLT Sport website – [indoor.jltsport.com.au](http://indoor.jltsport.com.au)

### How do I lodge my claim?

1. Complete ALL sections of this form
  - a. It may be returned if there is important information missing
  - b. For assistance, please contact Echelon Claims Services on 1800 640 009.
  - c. Do not wait until after you have completed treatment to lodge your claim form.
2. Echelon Claims Services will confirm receipt of your claim and provide you with a claim number, or contact you should they require further information.
3. Once you have received your Claim Number, you can forward further Non-Medicare Medical receipts to Echelon as your treatment continues (for up to 12 months from the date of injury).
4. Please ensure that your Centre official completes and signs the Centre Declaration on page 5.
5. Have your Attending Physician complete the "Attending Physician" statement on page 6.
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.
7. **Keep a copy of all documents**
8. Your reimbursement cheque or EFT will be sent to you directly by Echelon Claims Services.
9. If you have any further queries relating to your claim, please contact JLT Sport on 1300 130 373 or Wendy Pope at Indoor Sports NSW on 02 8736 1225.

### Collection Statement under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Echelon Australia Pty Ltd (and our related entities) (Echelon) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling, loss adjusting or risk management (depending on your requirements). Other purposes include providing you with information about other Echelon products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Echelon related companies.
- Your personal information may be sent to our administrative processing centre in Mumbai (India) and to other JLT Group companies and to insurers and reinsurers in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website ([www.echelonaustralia.com.au](http://www.echelonaustralia.com.au)). For further information contact your account executive or the Echelon Privacy Officer:

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## Section A: Claimant's Details

### PERSONAL INFORMATION:

Claimant's Name:

First Name

Surname

Postal Address:

Street Address

State

Postcode

Contact Details:

Email Address

Contact Number (Mobile Preferable)

Personal Details:

/ /  
Date of Birth

Male  Female  
Gender

/ /  
Date of Injury

: AM / PM  
Time of Injury

Occupation:

Team/Club Name:

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

### INJURY DETAILS

When did the injury occur?  Warm Up  Warm Down  Training/Lesson  Competition/Event  Other \_\_\_\_\_

Type of involvement?  Recreational  State levels  National levels  Elite/international

Injured Person?  Athlete/Participant  Coach  Judge  Official  Other \_\_\_\_\_

How did the injury occur?  Fall  Slip/Trip  Collision  Overbalance

What sport were you playing at the time of injury?  Cricket  Netball  Volleyball  Soccer  Other

Resumption date(s):  
When will you resume WORK? / /      When will you resume TRAINING? / /      When will you resume PLAYING? / /

Private Health Cover:  Yes  No

Private Health Coverage:  Dental  Physiotherapy  Ambulance  Hospital  
Do you have Private Health Insurance?      If YES, what is the name of your Private Health Insurance Provider?

Ambulance Membership:  Yes  No

### PAYMENT DETAILS:

Payee details:  Myself  Other  
To whom should we make payment?      Payee Name

If compensation by cheque: \_\_\_\_\_  
Payee Postal Address

If compensation by EFTPOS: \_\_\_\_\_  
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 an Indoor Sports activity and is not a pre-existing illness or condition.
  - B. You have viewed, read and understood the Product Disclosure Statement (PDS) at [www.jltsport.com.au](http://www.jltsport.com.au)
  - C. You understand that the Health Insurance Act 1973 (Cth) prohibits the 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 JLT'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.
  - H. You authorise any and all information regarding claims with any other insurer to be released to JLT's representatives

Claimant's Signature\*

\_\_\_\_\_

Date:

/ /

\*Parent or Guardian if under 18 years

General Information

Section A:  
Claimant's Details

Section B:  
Centre Declaration

Section C:  
Loss of Income

Section D:  
Physician's Report

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## Section B: Centre Declaration

### CENTRE DETAILS

Claimant's Name:	_____	_____
	First Name	Surname
Centre Name:	_____	
Centre Contact:	_____	_____
	Centre Contact Person	Position within Centre
Contact Details:	_____	_____
	Contact Phone Number	Email Address
Affiliation Confirmation:	<input type="radio"/> Yes <input type="radio"/> No	
	Is the Centre Affiliated with Indoor Sports NSW?	

### INJURY DETAILS:

Date/Time:	____/____/____	_____	AM / PM
	Date of Injury	Time of Injury	
Circumstances:	<input type="radio"/> Playing	<input type="radio"/> Training	<input type="radio"/> Travelling <input type="radio"/> Other
Opposition Team Name:	_____		
	If applicable		
Resumption date(s):	<input type="radio"/> Yes	<input type="radio"/> No	____/____/____
	Has the Claimant returned to COMPETITION?		If YES, date Claimant returned?

### CENTRE 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 Centre (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 activity noted above and is not a pre-existing illness or condition.
- D. The Claimant was a registered and financial member of this Indoor Sports NSW centre at the time of injury, and was entitled to insurance cover at the time of injury.
- E. You confirm the centre's level of cover as per the details provided above.

Centre Representative's Name:	_____		
Position at Centre:	_____		
Centre 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:  
Centre Declaration**

Section C:  
Loss of Income

Section D:  
Physician's Report

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## Section C: 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:

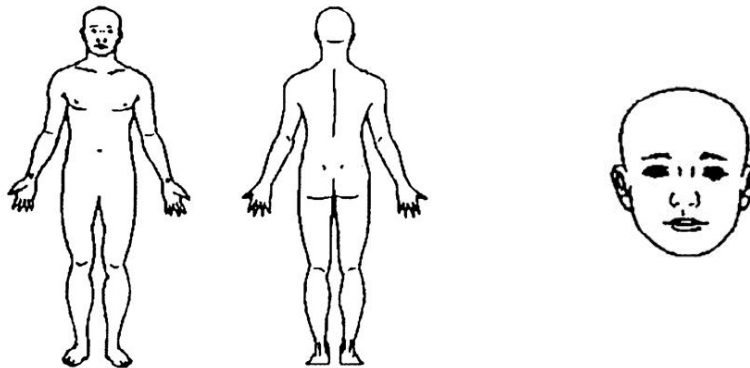
\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Injury Date of Consultation

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):

Continued next page.

Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Centre Declaration

Section C:  
Physician's Report

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## Section D: Physician's Report *continued*

### PHYSICIAN'S REPORT

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 playing sport?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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:

Important Information

Claim Conditions

Section A:  
Claimant's Details

Section B:  
Centre Declaration

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**Section D:  
Physician's Report**

For more information, please refer to the JLT Sport web site:

[indoor.jltssport.com.au](http://indoor.jltssport.com.au)