

# Accident injury form

To help us process your accident or injury claim, we need some more detailed information about what happened. When you have completed this form, please email it to [pre-existing@hbf.com.au](mailto:pre-existing@hbf.com.au) or post it to HBF, Pre-existing Officer, PO Box C101, Perth WA 6839. Also, to be eligible for consideration of benefits, this form must be submitted within 2 years of the date of treatment.

## 1 Member declaration

Member number

Given names

Family name

Address

Postcode

Primary phone number

Other phone number

Email

Is your accident or injury related to a compensation matter?  
Yes    No

Date of the accident or injury

Please describe the time and place of the accident/injury, actions taken at the time of the accident and actions taken following the accident/injury (for example, you were transferred via ambulance to an emergency department)

Please describe the injuries received

In your own words, please describe how the accident/injury occurred

Were there any witnesses to the accident/injury? If yes, please list them and their contact details below

---

2

Please provide the details of the first physician/specialist or hospital who attended to you for this accident/injury  
Doctor's name/name of hospital

Address

Postcode

Phone number

Date attended

**Please attach a copy of the doctor/hospital/police report or claim form which was completed at the time of your accident/injury (if available)**

I declare that:

- The information contained within this account is true and complete in every aspect.
- HBF is authorised to obtain any statement made in relation to this claim form from any 3rd party relevant to this claim.
- HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.

Name

Signature

Date

---

## Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected to assess and process your claim. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. We may disclose your personal information to our related companies.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at [hbf.com.au](http://hbf.com.au) or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth WA 6839.