

Accident or Injury report form

To help us process your accident or injury claim, we need some more detailed information about what happened. Once completed, please return your signed form and any supporting documents to pre-existing@hbf.com.au or HBF, PO Box C101, Perth WA 6839

1 Your details

HBF membership number	Given names	Family name
<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"/>
Date of birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="text"/>		
Residential address	Postcode	
<input type="text"/>	<input type="text"/>	
Phone	Email	
<input type="text"/>	<input type="text"/>	
Full name of person injured (if not yourself)		
<input type="text"/>		

2 Accident and injury details

1. Was the injury the result of an accident? Yes No

a. Date of the accident/injury Time of the accident/injury

b. Describe in detail how the accident/injury occurred

c. Place of the accident/injury

d. Did the accident/injury happen at work, or going to and from work? Yes No

e. Describe the nature of the injury

f. Names, contact numbers and addresses of any witnesses

g. Did you attend Emergency Department, Medical centre or GP within 7 days of the accident? Yes No

h. If yes, please enter the date of your visit and the details of your medical practitioner or referring doctor

Date of visit Phone Address

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).

Continued overleaf

3 Details of your claim

1. As a result of your injury, do you believe you are entitled to claim under any of the following:

- | | | |
|--|---|----|
| a. A public liability insurance policy (If yes, please provide further details) | Yes | No |
| b. Any other third party liability insurance policy (e.g. professional indemnity insurance) (If yes, please provide further details) | Yes | No |
| c. A motor vehicle accident compensation scheme (If yes, please provide further details) | Yes | No |
| Name of driver of your vehicle (if applicable) | Name of owner of your vehicle (if applicable) | |
| Was another vehicle involved? | Yes | No |
| Name of the negligent party | | |
| Address of the negligent party | Postcode | |
| d. A workers compensation scheme (If yes, please provide further details) | Yes | No |
| Name of your employer | Work cover claim number | |
| Address of your employer | Postcode | |
| e. Common law damages (e.g. for negligence) (If yes, please provide further details) | Yes | No |
| f. Other (If yes, please provide further details) | Yes | No |

2. Have you made a compensation claim?

Yes No

- a. If yes, please provide details (including the date the claim was lodged or proceedings issued, details of the claim, any reference number or court proceeding number, the amount claimed and the current status)
- b. If not, do you intend to make a claim? Yes No
If not, please state your reasons for doing so. Note: if the claim has been rejected by an insurer and any appeals have been denied, please attached a copy of the letter from the insurer denying liability.

3. Have you been awarded compensation, damages or received a settlement amount?

Yes No

- a. If yes, please provide details of the amount recovered, the basis of recovered (e.g. court order, insurance payout, settlement) and the date of recovery. Please also provide details of who the money was paid to, and what they money was paid for (e.g. for past medical expenses or does it include future medical expenses?).

4 Details of lawyer or insurer

Are you being represented by a lawyer or any other person in relation to this claim? Yes No

If yes, please provide the following details:

Given names

Family name

Law firm (if applicable)

Address

Postcode

Phone

Email

Declaration, authorisation and undertaking

By signing this form, I give whichever of the following declarations, authorisations and undertakings are applicable to me:

1. I certify that the information provided on this form is true and correct.
2. I authorise any person necessary (e.g. medical providers, insurance provider etc) to provide to HBF all requested information, including clinical records relating to the claim, to determine my eligibility for benefit.
3. I also authorise any person necessary to provide the above mentioned details to HBF upon their request.
4. I agree to comply with all HBF Fund Rules made from time to time relating to Compensations (**Compensation**) and provisional payments of claims. Compensation as used in this agreement includes any of the following:
 - i. a payment made pursuant to a judgement, award or settlement;
 - ii. a payment made pursuant to a scheme of insurance or compensation by a law of the commonwealth or State or a Territory; or
 - iii. any other payment that, in the opinion of HBF, is a payment in the nature of Compensation or damages.
5. If I have engaged a lawyer or if I do so in the future:
 - i. I undertake to advise HBF immediately of the details of my lawyer;
 - ii. I undertake to give my lawyer a copy of this form;
 - iii. I authorise my lawyer to give to HBF any information concerning my claim as is reasonably requested; and
 - iv. I authorise HBF to provide my medical records, my claims history and a copy of this form (if I have not already done so) to my lawyer.
6. If I have a right to receive Compensation, I undertake to:
 - i. advise HBF immediately of the details of any insurance company that becomes involved in managing my claim;
 - ii. advise HBF if I decide to make a claim;
 - iii. ensure any claim that I make includes all expenses for which benefits are or would be payable by HBF;
 - iv. take all reasonable steps to pursue the claim;
 - v. keep HBF informed of and updated as to the progress of the claim; and
 - vi. inform HBF immediately upon determination or settlement of the claim and of the details of any payments received.
7. I acknowledge that where HBF has paid benefits in relation to a treatments, good or service relating to this matter and I have received Compensation in relation to the cost of that treatment, good or service, I must, unless otherwise agreed, repay HBF the full amount of the benefit HBF paid in relation to the treatment, good or service upon the resolution of the claim for Compensation and HBF may set off any amount payable by HBF to me under the HBF Fund Rules against any amount payable by me to HBF under the HBF Fund Rules. This condition applies whether or not any judgement, award or settlement includes the full amount that HBF paid or whether or not I have complied with my obligations under the HBF Fund Rules.

Signature (policy holder/partner/permanent authority)

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 on this form and from third parties in connection to your claim to determine your eligibility for benefit. If the claim relates to Compensation, HBF will also use this Information in order to pay you or recover from you benefits relating to your Compensation 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 your legal advisors, or your insurer or any statutory body responsible for paying Compensation as required by law.

HBF collects, uses and discloses your Information in accordance and our Privacy Policy which is available at 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 and make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complain.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia 6839.