

# JLT SPORT PERSONAL INJURY CLAIM FORM

Australian Cricket National Club Risk Protection Programme



## Who should complete this claim form?

You should complete this form if:

- You are an Insured person** – player, umpire, official or volunteer; and
- You have sustained an injury** – whilst participating in a sanctioned cricket activity/event; and
- You have incurred costs** – Non-Medicare medical costs

Before completing this form, please read the Product Disclosure Statement (PDS) on our website [www.jltsport.com.au](http://www.jltsport.com.au)

## What is covered?

Non-Medicare Medical Costs  
Loss of Income  
Death & other Capital Benefits

Commonwealth Legislation prevents reimbursement of Medicare costs including the Gap.

## How much can I claim?

| Non-Medicare Medical Costs | Loss of Income            |
|----------------------------|---------------------------|
| 85% Reimbursement          | 85% Reimbursement         |
| \$5,000 maximum per claim  | \$500 maximum per week    |
| \$50 excess per claim      | 14 day elimination period |

All clubs receive the above coverage at the commencement of each policy period. Upgraded cover is available (please visit our website).

## How to lodge a Personal Injury Claim:

1. Complete ALL sections of this form
2. Send your completed form to Echelon as soon as possible (and within 270 days from the injury date)
3. Echelon will confirm receipt of your claim and provide you with a claim number
4. Any further costs can be submitted to Echelon quoting this claim number
5. Documents can be submitted by email, post or fax

## Important Information

- You can't claim for any services where you receive a rebate from Medicare
- Submit only original receipts with your claim form
- We recommend you retain a copy of all receipts and your claim form for your records
- Claim through your Private Health Fund first, where possible

## 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:

Echelon Australia Pty Ltd  
Level 11, 66 Clarence Street, Sydney NSW 2000  
Phone: +61 2 9290 8000

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## PERSONAL INFORMATION

Claimant's Name:

First Name

Surname

Postal Address:

Street Address

Suburb

State

Postcode

Occupation:

Contact Details:

Email Address

Phone Number (Bus. Hours)

Date of birth:

Male

Female

Gender

## CLUB DETAILS

Club Name:

Association Name:

Club Contact:

Name

Position within Club

Contact Details:

Phone Number

Email Address

## INJURY DETAILS

Date/Time:

Date of Injury

Time of Injury

AM / PM

Opposition Club Name:

If applicable

Ground/Location:

Where did the injury occur?

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

Resumption date(s):

Yes

No

Have you returned to TRAINING?

If YES, date returned?

Yes

No

Have you returned to COMPETITION?

If YES, date returned?

If you answered No, when will you return to training?

Insert Date

If you answered No, when will you return to competition?

Insert Date

When will you return to work (if applicable)?

Insert Date

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## INJURY RESEARCH DATA

|                     |                                  |                                   |   |                                       |   |  |
|---------------------|----------------------------------|-----------------------------------|---|---------------------------------------|---|--|
| Injury Session:     | <input type="checkbox"/> Playing | <input type="checkbox"/> Training | <input type="checkbox"/> Warm up/down   | <input type="checkbox"/> Travelling   | <input type="checkbox"/> Other          | <input type="text"/>                     |
| Location:           | <input type="checkbox"/> Indoor  | <input type="checkbox"/> Outdoor  |   |                                       |   |  |
| Injured Person      | <input type="checkbox"/> Player  | <input type="checkbox"/> Umpire   | <input type="checkbox"/> Official       | <input type="checkbox"/> Trainer      | <input type="checkbox"/> Other          | <input type="text"/>                     |
| Grade:              | <input type="checkbox"/> Senior  | <input type="checkbox"/> Junior   | <input type="checkbox"/> Not Applicable |                                       |   |  |
| Playing Position:   | <input type="checkbox"/> Batting | <input type="checkbox"/> Bowling  | <input type="checkbox"/> Fielding       | <input type="checkbox"/> Umpiring     | <input type="checkbox"/> Wicket Keeping |  |
| Surface Type:       | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Concrete | <input type="checkbox"/> Grass          | <input type="checkbox"/> Indoor       | <input type="checkbox"/> Timber         | <input type="checkbox"/> Synthetic Grass |
| Weather Conditions: | <input type="checkbox"/> Fine    | <input type="checkbox"/> Rain     | <input type="checkbox"/> Extreme Heat   | <input type="checkbox"/> Extreme Cold |   |  |
| Surface Conditions: | <input type="checkbox"/> Wet     | <input type="checkbox"/> Dry      | <input type="checkbox"/> Muddy          | <input type="checkbox"/> Indoor       | <input type="checkbox"/> Other          |  |

## LOSS OF INCOME DETAILS

Do you wish to claim Loss of Income Benefits?  Yes  No

If YES, please answer the questions below and have your employer or accountant to complete the applicable declaration.

If you are NOT claiming Loss of Income Benefits please do not complete this section.

Can you claim compensation from any other policy that includes loss of income benefits (such as Workers Compensation)?  Yes  No

Have you ever made previous claims in respect to a personal injury insurance policy or plan?  Yes  No

Have you engaged in any other income earning employment since you became injured?  Yes  No

|                                       |                                 |   |                                    |                                   |
|---------------------------------------|---------------------------------|---|------------------------------------|-----------------------------------|
| Private Health Cover:                 | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   | <input type="text"/>               |                                   |
| Do you have Private Health Insurance? |                                 | If YES, what is the name of your Private Health Insurance Provider? |                                    |                                   |
| Private Health Coverage:              | <input type="checkbox"/> Dental | <input type="checkbox"/> Physiotherapy                              | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Hospital |
| Ambulance Membership:                 | <input type="checkbox"/> Yes    | <input type="checkbox"/> No   |                                    |                                   |

## PAYMENT DETAILS

|                    |                      |                      |                      |                      |
|--------------------|----------------------|----------------------|----------------------|----------------------|
| EFT Payee Details: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                    | Bank                 | Name account held in | BSB                  | Account Number       |

## CLAIMANT DECLARATION

By signing the declaration below, you confirm and agree to the following:

- A. The injury was sustained accidentally during a cricket 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/cricketaustralia](http://www.jltsport.com.au/cricketaustralia).
- C. You understand that the Health Insurance Act 1973 (Cth) prohibits the Trustee and 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, the Trustee 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

### To add your electronic signature:

Step 1: Click in signature field above

Step 2: Click 'Create Certificate'

Step 3: Enter your name and email address, and click OK.

Step 4: Click OK again

Step 5: Save this file to your PC or Laptop

