

Claims declaration

This form is to collect information to assess whether or not your claim relates to an accident, illness or injury which has, or may result in the payment of compensation or damages. Claims are not payable for services where you may be able to claim compensation, damages or benefits from another source (eg WorkCover).

Member details

Family name

Member number

Given name(s)

Postal address (including postcode)

Phone

Mobile

Date of birth

Email

Please let us know of any new address details via OMS (Online Member Services) or calling us.

Claim details

What is the injury or condition being claimed for? (eg broken leg, missing tooth, damaged hearing)

When did the incident occur?

dd / mm / yyyy

Where did the incident occur? (eg my home, a building site, on a freeway) Please include the actual address.

Please give a brief description of the incident or accident, including any relevant circumstances (eg it was raining, tripped over a power cord in a hallway, pushing a swing in a park)

Are you entitled to claim compensation or expenses for this accident through another source? (eg Workers compensation, motor vehicle accident)

 Yes. No.

If yes, please provide where you can make this claim.

Any further information you think we should know about this incident and your injury?

Declaration

- I declare that I have not claimed this illness or injury from another party.
- I declare the above information to be true and correct to the best of my knowledge.

Member's signature

Date

dd / mm / yyyy