To access a claim form please go to www.jltsport.com.au/cricketaustralia or call Echelon (formerly JLT Claims Management Services) on 1800 640 009

JLT Sport

a division of Jardine Lloyd Thompson Pty Limited
ABN 69 009 098 864 AFSL 226827

JARDINE LLOYD THOMPSON

PO Box 7170 Hutt Street SA 5000
Toll Free: 1800 640 009
Telephone: (08) 8235 6444
Facsimile: (08) 8235 6450

PERSONAL INJURY CLAIM FORM

AUSTRALIAN CRICKET NATIONAL CLUB INSURANCE PROGRAM

Non Medicare Medical Expenses and/or Loss of Income

IMPORTANT INFORMATION: PLEASE READ CAREFULLY

Non Medicare Medical Expenses: This cover does not provide for treatment from a Doctor, Surgeon, Anaesthetist or Surgeon's Assistant or other accounts which are partly covered by Medicare such as X-ray, MRI Scans and Public Hospitals. The Health Insurance Act (Cth) 1973 does not permit the Trustee or Insurer to contribute to any charges covered by Medicare (including the Medicare Gap).

The cover will be a percentage of the amount, as indicated in the schedule, for private hospital, dental, ambulance (if not otherwise covered), chiropractic, physiotherapy, osteopath, naturopath, massage and pay for orthotics prescribed by a surgeon to aid recovery.

- Medical treatment must be certified necessary by the attending Physician, i.e. Doctor, Surgeon, Physiotherapist, Dental Surgeon.
- Failure to complete all sections of this form properly may delay settlement of your claim.
- Please refer to JLT Sport for information and advice on Benefits, Excess and Special Conditions/Exclusions.
- Please endeavour to submit your claim form as soon as possible. Undue delay may affect your claim settlement.
- Please send 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.
- Only one claim form (per injury) is required. We will advise You of your claim number which should be quoted with all future correspondence.

HOW TO CLAIM NON-MEDICARE MEDICAL EXPENSES ONLY

When claiming for reimbursement of Non Medicare medical expenses You must complete Section A and have Section B completed and signed by your club official. Medical treatment must be certified necessary by an attending physician and incurred within Australia. The ATTENDING PHYSICIANS REPORT must be fully completed prior to submitting a claim. An attending physician includes a general practitioner, physiotherapist, chiropractor, dentist. **Please note a $50 excess applies per claim.**

CLAIMS INVOLVING LOSS OF INCOME

If claiming for Loss of Income Benefits You must complete Section A and B, and have Section C completed by your Employer. Your Attending Physician must complete the "Attending Physicians Report" and the "Incapacity to Work Statement" (this **MUST** be completed by a General Practitioner, Surgeon or a Specialist. It will **not** be accepted if completed by a Physiotherapist, Chiropractor etc.) **Please note a 14 day elimination period applies commencing from the first day medical treatment was sought.**

SECTION A. TO BE COMPLETED BY CLAIMANT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE.

PLEASE PRINT - If there is insufficient space to answer a question, please attach additional sheets.

1. NAME OF CLUB NAME OF TEAM / GRADE		NAME OF ASSOCIATION	
2. CLAIMANTS SURNAME		GIVEN NAME	SEX
3. ADDRESS		STATE	POSTCODE
4. DATE OF BIRTH / /	5. OCCUPATION	TELEPHONE HOME ( )	WORK ( )
6. **DATE OF INJURY**: / /		TIME OF INJURY:	am / pm

7. (a) Describe your injury and how it happened (continue on separate page if needed)

.....

.....

.....

(b) Are there any other factors which contributed to your injury? (If yes, detail)

.....

.....

.....

NOTE: Information required for cricket injury research

8. a) Where did your injury occur? ❒ Indoor ❒ Outdoor

b) Surface at point of injury? ❒ Grass ❒ Indoor Area ❒ Concrete (Pitch) ❒ Turf (Pitch)
❒ Matting (Pitch) ❒ Synthetic (Pitch) ❒ Other?……..…

c) Weather conditions? ❒ Fine ❒ Showers ❒ Extreme Heat ❒ Extreme Cold

d) Surface conditions? ❒ Dry ❒ Wet ❒ Other? ……....

e) Injury session? ❒ Playing (match) ❒ Training ❒ Travelling ❒ Other? ……..

f) Playing position injured? ❒ Batting ❒ Bowling ❒ Fielding ❒ Wicket Keeping
❒ Umpiring ❒ Other? ……..…

g) Injury circumstance ❒ Struck by ball ❒ Surface Impact ❒ Other?……

NOTE: This section must be completed! If exact dates not known please provide approximates.

9. When do you expect to resume:

Work: ……/……../…… Training: ……/……/……. Playing: ……../ ……../…….

NOTE: This section must be completed!

10. a) Do you have Private Medical Insurance? ❒ Yes ❒ No

Name of Fund ……

Does your cover include:

i. Hospital costs? Yes ❒ No ❒

ii. Dental and physio costs? Yes ❒ No ❒

iii. Ambulance? Yes ❒ No ❒

b) Are you a member of the Ambulance Service? Yes ❒ No ❒

Signature of Claimant

I hereby authorise any hospital, physician or other person who has attended me or any employer, to furnish JLT Sport or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records and copies of all records of employers. I agree that a Photostat/electronic copy of this authorisation shall be considered as effective and valid as the original. I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made, or in any further declaration in respect of the said injury or sickness shall make any false or fraudulent statements or suppress or conceal or falsely state any material fact whatsoever, the claim shall be void and all rights to recover there under in respect of past or future injuries or sickness by me shall be forfeited.

Claimants Signature: …… Date: ……

SECTION B. TO BE COMPLETED BY THE ASSOCIATION / CLUB

ASSOCIATION / CLUB DECLARATION (Please advise the claimant of the Policy coverage as per your Schedule of Insurance)

I, …… (Association/Club official) of ……..……(name of Association/Club)

hereby Certify that ……. (claimants name) sustained the injuries resulting in this claim on

……../…..……/…….. at ……am/pm whilst playing / training for ……..……..……

against ……..…… Place of Game: ……

Signed: ……(Association/Club official) Date: ……/…..……/……..…….

Official's Position at Association/Club: …… Contact Phone Number: ……..……

Has the injured person returned to playing cricket? Yes ❒ No ❒ If Yes, on which date? ……..

SECTION C. ONLY COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR LOSS OF INCOME

1.	Can compensation be claimed under worker's compensation or any other insurance or plan including Loss of Income?	Yes ❒ No ❒
2.	Have you ever made any previous claims in respect to personal accident insurance or plan?	Yes ❒ No ❒
3.	Have you engaged in any other income earning employment since you have been injured?	Yes ❒ No ❒

The following section must be completed by your employer/salary officer (not player).
If self employed, please have your accountant complete these details.

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

……..

……..

PHONE ( ) …….

FACSIMILE ( ) …….

DATE CEASED WORK

DUE TO INJURY ……/……/……

DATE EXPECTED TO

RESUME NORMAL DUTIES ……/……/…….

EMPLOYEE WEEKLY SALARY AS AT DATE OF INJURY

NET $……GROSS $ ……

(If self employed, provide average weekly salary based on 12 month period directly prior to injury)

DATE COMMENCED EMPLOYMENT

WITH COMPANY ……/……/……

INCOME DEFINITION: Self Employed ❒ Full Time ❒ Part Time ❒ Casual ❒

During the period of incapacity has the employee received a salary? Yes ❒ No ❒

If Yes, $…….. Period……../……/……... to ……/……/……../

Net of business expenses, personal deductions and income tax; excludes bonuses, commissions, and other allowances; and excluding income derived from playing sport.

Has the injured person returned to work? Yes ❒ No ❒

A. (If employed) Salary Officer's Name: …… Phone No. ……

(If employed) Salary Officer's Signature: …… Date ……/……../……

ABN/ACN ……

B. (If self employed) Accountant's Name: …… Phone No. ……..

(If self employed) Accountant's Signature: …… Date ……/……../……

Accountant's Stamp

All questions relating to this claim must be completed.
Failure to complete all relevant sections will cause delays in the settlement of the claim

JLT Sport
a division of Jardine Lloyd Thompson Pty Limited
ABN 69 009 098 864 AFSL 226827

JARDINE LLOYD THOMPSON

PO Box 7170 Hutt Street SA 5000
Toll Free: 1800 640 009
Telephone: (08) 8235 6444
Facsimile: (08) 8235 6450

SPORTS INJURY ATTENDING PHYSICIAN'S REPORT

Claimants Surname: .....

Claimants Given Name: .....

Claimants Injury Date: .....

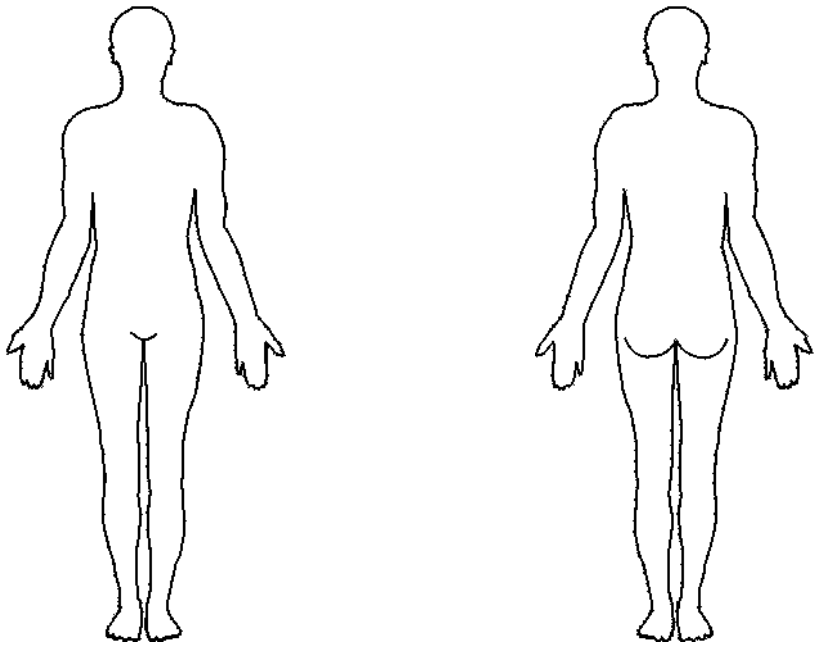
TO BE COMPLETED BY THE ATTENDING PHYSICIAN

THIS FORM MUST BE COMPLETED WITHOUT EXPENSE TO JLT SPORT

1. Diagnosis / History of Injury: .....

.....

.....



- ❒ Concussion
- ❒ Cut or Abrasion
- ❒ Dislocation
- ❒ Dental
- ❒ Fracture
- ❒ Sprain (Ligament)
- ❒ Rupture (Internal Organs)
- ❒ Strain (Muscle/Tendon)
- ❒ Bruise
- ❒ Other (please specify)

2. When did the patient first receive medical attention for the above? ……/……/……..

By Whom?

Name: .....

Address: .....

..... PostCode: …….

(Continued over page)

3. Do you consider the Patient's injury to be a new injury? Yes ❒ No ❒

Recurrence of an old injury? Yes ❒ No ❒

If recurrence please give details and describe: ……

……

4. Does the patient have any congenital defects or chronic diseases? Yes ❒ No ❒

If yes, please give dates, name of treating doctor and describe: ……

……

5. Have you referred the patient to any other services or treatment? Yes ❒ No ❒

Please specify the approximate number of treatments required:

❒ Physiotherapy .....

❒ Chiropractic .....

❒ Surgery (please specify details) .....

❒ Other .....

6. Has the patient been able to do any work since the injury? Yes ❒ No ❒

7. What date do you advise the patient to return to cricket? ……../……/……

8. Signature of Treating Physician: ……. Date: ……../……/……

**If You have been unable to work as a result of the injury, and you are wishing to claim for Loss of Income please arrange for the following to be completed :-

INCAPACITY TO WORK STATEMENT

(To be completed if claiming for loss of income. If continuing, a new statement must be forwarded for each period absent from employment)

CERTIFICATION BY GENERAL PRACTITIONER, SURGEON, SPECIALIST

I examined the person named overleaf on ……../……/…….

In my opinion this person is/has been unfit for work from ……../……/……. to ……/……../…….. inclusive.

Are there any further remarks or comments you can make to assist in assessing this condition?

.....

.....

Doctor's Name ……

Address ……..

…… Postcode: …….

Telephone Number ( ) …….. Facsimile ( ) ……..

Doctor's Signature …… Date ……../……../……/……

JARDINE LLOYD THOMPSON

Jardine Lloyd Thompson Pty Limited

ABN 69 009 098 864

COLLECTION STATEMENT UNDER PRIVACY ACT 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) 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 or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services. 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 JLT related Group companies.
- By providing the information requested in the attached document, you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided, as they occur.
- 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.
- Our Privacy Policy can be made available on request or can be accessed on our website (www.jlta.com.au).
- For further information contact your account executive or the JLT Privacy Officer:

  Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000
  Telephone: (02) 9290 8000