

ACCIDENT OR INCIDENT INFORMATION

We have recently received a claim from you. To help us process it as quickly as possible, we need some more detailed information about what happened. Please complete this form and return it to us as soon as you can. Please use CAPITAL LETTERS and a black pen.

When you have completed this form, please scan and email it to incident@hcf.com.au or fax it to **02 9279 3549**.

HCF Membership No.

1 ACCIDENT OR INCIDENT DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Name of patient Date of Accident/incident (DD MM YYYY)

Please describe how the accident or incident occurred, what happened?

Time . AM PM Location

1. Was the damage or injury caused during the course of:
- employment or professional duties. **Please complete sections 2 and 5.**
 - any transport or motor vehicle incident. **Please complete sections 3 and 5.**
 - an event that may result in a compensation claim not related to work or a vehicle incident. In other words, you believe that someone else was at fault. **Please complete sections 4 and 5.**
 - none of the above. **Please complete the questions below (if relevant) and section 5.**

For members with Accident Only cover or claiming Accident Safeguard (as defined on next page).

2. Was the patient admitted to hospital? Yes No
3. Was this hospital treatment a direct result of the damage or injury? Yes No
4. Did the patient attend the accident and emergency department? Yes No If yes, include date attended:
- Name of the hospital where patient attended accident and emergency department. Please provide documentary proof of attendance.

2 WORKERS COMPENSATION (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

What is the name of the patient's employer?

Address of employer

Suburb State Postcode

Patient's solicitor's name Law firm name

Patient's solicitor's address

Suburb State Postcode

Please provide the patient's employer's insurance company details
 Name of insurer

Insurer's address

Suburb State Postcode

Phone Contact name

3 TRANSPORT ACCIDENT OR INCIDENT (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Did the Accident or incident involve:

motor vehicle bus train motorbike/scooter bicycle other

Do you think that someone else was at fault and you wish to make a third party claim? Yes No Don't know

Please complete these details if you wish to make a third party claim

Patient's solicitor's name Law firm name

Patient's solicitor's address

Suburb State Postcode

Please provide insurance details for the person/s you believe are at fault, if you have them

Insurer name Phone

4 OTHER COMPENSATION CLAIM (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

If the Accident or incident was not work or transport related, but you believe that another person or organisation is at fault, please complete this section.

Patient's solicitor's name Law firm name

Patient's solicitor's address

Suburb State Postcode

Please provide insurance details for the person/s you believe are at fault, if you have them

Insurer name Phone

5 DECLARATION (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

This declaration must be completed by the policyholder or the partner listed on the policy.

I declare the information provided to be true and complete.

Signature of the policyholder or partner listed on policy Date (DD MM YYYY)

X

INFORMATION TO NOTE

OUR DEFINITION OF AN ACCIDENT

Accident means an unforeseen event, occurring by chance and caused by an external force or object, which results in involuntary injury to the body requiring immediate treatment from a registered practitioner. This definition excludes unforeseen conditions attributable to medical causes.

WHAT IS ACCIDENT SAFEGUARD?

Accident Safeguard is a feature on some Hospital Covers which permits Excluded Services or Minimum Benefit Services to be treated as Covered Services when Treatment is directly the result of an Accident that occurs after joining. Excludes Treatment for elective cosmetic surgery, podiatric surgery by an accredited podiatrist and services not covered by Medicare. Conditions apply. See hcf.com.au/accident-safeguard to find out more. To check if your cover includes Accident Safeguard, login to the member section of our website hcf.com.au/members

Privacy: HCF collects, uses, discloses, keeps and secures personal information in accordance with the HCF privacy policy. For a copy of this please call member services on **13 13 34** or visit hcf.com.au