

HCF LIFE Kids' Accident Cover claim

Please note that this form must be completed by the parent/guardian and please ensure all questions are answered to avoid any delay in the claim process. If you have any enquiries please telephone the HCF Life Claims Team on 1300 423 543.

Complete and send to:
HCF Life Insurance
Company Pty Ltd
GPO Box 4445,
Sydney, NSW 2001

HCF Membership No. Policy No.

1 Claimant's details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Person injured
Title First name Middle initial

Surname Sex (Please mark 'X') M F +

Date of birth (DD MM YYYY) Parent's contact number (mobile) Parent's contact number (home)

Unit No. Street No. Street name

Suburb State Postcode

Parent/Guardian email @ . .

2 Accident details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

What time did the accident occur? : AM PM Date of accident (DD MM YYYY)

Where did the accident occur? Please give precise address and precise location

How did the accident occur? (e.g. fell over, running, riding etc)

Did the injury involve a broken or fractured bone(s)? Yes No
If yes, please give full details

Did the injury involve stitches or sutures? Yes No
If yes, please give full details

Name of your usual Doctor/Medical Centre

Address of your usual Doctor/Medical Centre
Unit No. Street No. Street name

Suburb State Postcode

Name of the Doctor/Medical Centre/Hospital who attended to the above injury

Address of the Doctor/Medical Centre/Hospital who attended to the above injury

Unit No.

Street No.

Street name



Suburb

State

Postcode

3 Declaration and consent (Please read and sign)

I hereby declare that all the above statements are true and complete and that I and all persons covered by this claim whose personal (including sensitive) information is being disclosed to HCF Life are aware of the HCF Privacy Policy (available on the HCF website at hcf.com.au, in HCF branches or by calling 13 13 34), in accordance with which all personal information is dealt (including requests for access to and correction of and complaints about personal information) and consent to this information being made available to HCF.

I acknowledge that claims will be listed with an insurance industry reference bureau for the purpose of establishing and obtaining an insurance reference.

I authorise and consent:

- i. any treating doctor, physician or other health care provider, ambulance or hospital
- ii. any employer, accountant or any insurer
- iii. the Police Department of any State or Territory or Centrelink

to supply upon request to HCF Life or any legal tribunal details of any medical test, treatment, medical history or financial details to substantiate my loss of income that it might reasonably request.

Signature
of Parent/
Guardian

X

Date (DD MM YYYY)

4 Claim payment instructions (please complete)

HCF Life pays claim benefits directly to a nominated bank account. To allow us to do this please advise the following information:

Financial institution name

Branch

Account name

BSB No.

Account No.

If you would like us to credit the claim benefit directly to the account from which your HCF/HCF Life premiums are deducted please tick this box

Unfortunately we are unable to credit benefits directly to a credit card account.

NOTES

The Procedures for submitting a claim form are as follows:

1. Completion of the Claim Form by the parent or guardian of the child
2. A statement/medical certificate signed by a Doctor and, for fractures only, a copy of the X-Ray report. Please note: In the case of a fracture the doctor is to state whether the fracture was compound or simple. In the case of stitches, the number of stitches performed.
3. Proof of age (a copy of birth certificate or passport), if this is not already detailed on the Doctor's/Medical report. Please ensure the Claim Form is fully completed, and signed to avoid delays in processing the claim.

Any fees incurred for obtaining any of the above, are to be provided at the claimant's expense.

HCF reserves the right to request research evidence supporting the adopted therapeutic approach in certain instances for the condition treated. Information in this form may be shared with the member.