

NZRU VOLUNTARY PERSONAL ACCIDENT INSURANCE CLAIM FORM

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- All receipted invoices for self paid expenses
 - For any account submitted which have not yet been paid please ensure this is noted clearly on the account and the reason why payment has not been made
 - Attach all available documents, receipts / invoices, which support circumstances relating to your claim.
 - If your claim is a result of a medical condition you will need to provide medical evidence. The supplementary Medical Certificate provided can be used for further information. Please have your treating physician or medical professional provide a full report detailing your diagnosis, treatment provided, prognoses and the like
- * Failure to provide these items is likely to result in delays processing your claim.

MEDICAL EXPENSES

When did the injury first occur?

Date

How did the injury occur?

Describe the injury or injuries sustained

What date did your stop work as a result of the injury?

Date

Have you ever suffered from this injury previously? *PLEASE ERASE THE OPTION WHICH IS NOT APPLICABLE*

Yes / No

If yes please give further details:

Have you lodged a claim with ACC for your injury? AN ACCEPTABLE ACC CLAIM IS ESSENTIAL TO LODGING THIS CLAIM *PLEASE ERASE THE OPTION WHICH IS NOT APPLICABLE*

Yes / No

If yes please provide your ACC Reference Number and a copy of the ACC claim form received in response to your ACC claim lodgement

Please provide the name, address, contact telephone number and email address for your usual GP and any other treating physicians

Name	Address	Telephone	Email

Are these expenses recoverable from any other sources, society, organisation and/or insurer?

PLEASE ERASE THE OPTION WHICH IS NOT APPLICABLE

Yes/No

If yes, please provide full contact details and policy reference (if known):

Please itemise the expenses incurred

Name, address and telephone contact for medical attendant / provider	Nature of injury and treatment	Amount
		Total

Employer Details To be completed for claims Under Section 2 of the policy – Temporary Total Disablement resulting in loss of income

Employers/Company name

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I,..... an authorised officer of the above employer/company, declare that..... was disabled by a rugby union injury and did not attend work for the period /.... /.... to /.... /....

I declare that was/was not paid their usual wage/salary during the period from /.... / to / /

Signature of Employer's Representative and Position:	Date:
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MEDICAL CERTIFICATE

This is to verify that (Name of Patient):		
Consulted me on the:		
Please state the full nature of the Injuries sustained:		
Is this injury due to, resulting from, or connected with an existing medical or degenerative condition? *PLEASE ERASE THE OPTION WHICH IS NOT APPLICABLE*	Yes/No	
If yes, what is the history of this condition:		
Has the injury resulted from, or is it likely to result, in permanent injury? *Please erase the option which is not applicable*	Yes/No	If yes what is the nature of the permanent injury:
Any further remarks and the prognosis:		
Signature:	Date: / /	

PRIVACY CONSENT

AIG Insurance New Zealand Limited (AIG) collects, uses and retains your personal information only in accordance with the principles in the Privacy Act 1993.

Your personal information will be used by AIG, or any third party that AIG chooses to provide the information to, for the purpose of assessing your claim or entitlement to benefits, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- Any information provided in relation to your claim;
- Any information that is health information or sensitive information;
- Any other personal information that you may provide to AIG or its third party contractors;
- Any information relating to the insurance policy under which this claim is made, including its terms and conditions and claims history;
- Details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- Any other information relating to your income and solvency.

To process your claim AIG may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by AIG, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agreed that the Parties may disclose your personal information to AIG.

AIG may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the AIG group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. AIG may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to AIG's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, AIG can choose to not approve your claim.

DECLARATION

I declare that to the best of my knowledge the particulars are true and correct, and that I have not withheld any information that is relevant to this claim.

I accept that wilful or reckless exaggeration or inflation of the amount(s) claimed will result in automatic forfeiture of the claim and policy may be voided.

I request and authorise any hospital, doctor, or other person who has attended or examined by to furnish to AIG or its representative all information concerning any illness or injury suffered, medical history, consultations, prescriptions, or treatments including X-ray plates and copies of all hospital or medical records, so that they may be included as a part of the proofs of the claim submitted. A photocopy of this authorisation will be considered as effective and valid as the original.

I authorise the disclosure to AIG of personal information held by any person or organisation regarding or affecting this claim and authorise Chubb to release to any other relevant person or organisation information regarding or affecting this claim.

Signature of Claimant:..... **Signature of Club Official:**.....

Name of Claimant: **Name of Club Official and Position in Club:**.....

Date: **Date:**

**THE PERSONAL INFORMATION COLLECTED ON THIS CLAIM FORM WILL BE HELD BY AIG INSURANCE NEW ZEALAND LIMITED
YOU HAVE RIGHTS OF ACCESS TO AND CORRECTION OF INFORMATION UNDER THE TERMS OF THE PRIVACY ACT 1993**