

Claim form



Claimant details

Club name (if applicable):

Member number (if applicable):

Claimant's given name:

Surname:

Name of team (age/group/grade):

Gender: ☐ Male ☐ Female ☐ Other

Full name (second person/director):

Date of birth:

Occupation:

Address:

Email:

Telephone:

Work:

Home:

Mobile:

Please tick the category applicable : ☐ Player ☐ Official ☐ Coach ☐ Umpire ☐ Other

If other please advise:

Declaration agreement and authorisation by claimant

I _____ (insert name) hereby authorise any doctor or medical attendant who has treated me or examined me or any person or firm who employs or has employed me to give the insurer, or its agent, such information as it may require regarding any injury or illness to me or my physical or mental condition or prognosis, or my employment, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were original.

Signature of claimant: Date:
(or Legal Guardian if under 18 years of age)

Declaration by Netball Australia Club Team Manager/Official

Netball Australia Club:

Name of Team Manager/Official making this statement:

Official position:

Telephone:

Email:

Address:

State:

Postcode:

I, the above mentioned Netball Australia Club Team Manager/Official, confirm that the claimant was a registered and Financial member of this Netball Australia Club and was an insured person as identified in the Personal Accident Insurance with Berkshire Hathaway Specialty Insurance at the time of the accident, and to the best of my knowledge and belief the information referred to in this claim form is true and correct.

Do you have any comments in relation to this claim? ☐ Yes ☐ No

If yes, please detail below:

Date:

Signature of Team Manager/Official:

Sports injury attending physician's report

Important

1. The patient is responsible for any fee for this statement.
2. This form can only be completed by the treating medical practitioner, surgeon or physiotherapist.
3. If "Yes" answered to any of the following, please give details.
4. Dashes or blank spaces are not acceptable.

To be completed by the attending physician/physiotherapist

Patient's full name:

How long have you known the patient?

What date and where were you first consulted by the patient in connection with the present injury?

Patient's occupation:

Are you the patient's regular general practitioner?

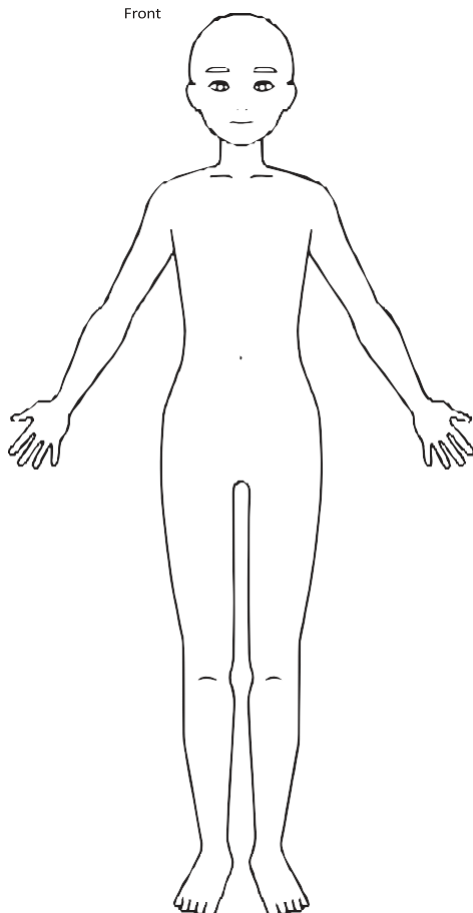
☐ Yes

☐ No

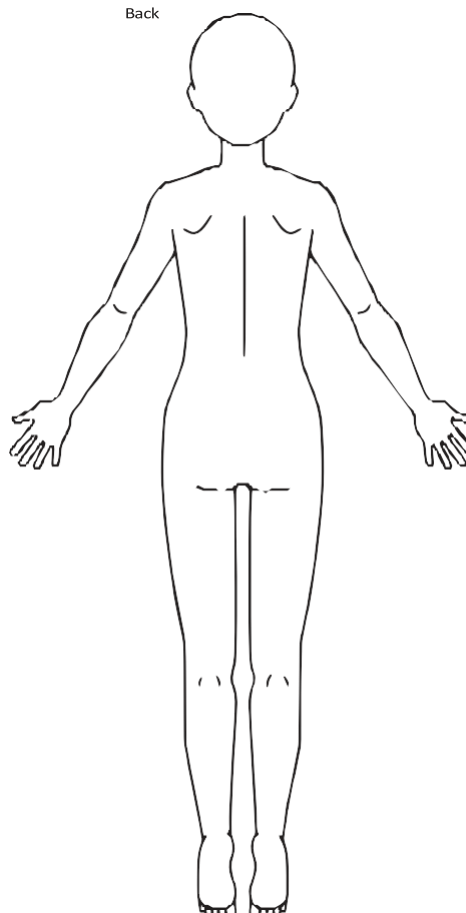
If not, please advise who is:

What is the exact nature of the present injury?

Front



Back



Do you consider the patient's injury to be a new injury?

☐ Yes

☐ No

A recurrence of an old injury?

☐ Yes

☐ No

If yes, please state condition and advise when previous treatment was given:

Have you referred the patient to any other services or treatment?

☐ Yes

☐ No

Please specify the type and approximate number of treatments required:

☐ Physiotherapy

☐ Chiropractic

☐ Other

Have any surgical procedures been performed? If yes, please specify:

What surgical procedures are contemplated?

Are there any further remarks which may assist in assessing this condition?

Is there any permanent disability at present?

☐ Yes

☐ No

If yes, please explain giving estimated percentage loss of function:

Was the patient obliged to cease work?

☐ Yes

☐ No

If so, from when (date):

When do you expect the claimant to resume some duties (date): full duties (date):

What date do you advise the patient to return to netball? (date):

Does the patient have any congenital defects or chronic diseases?

☐ Yes

☐ No

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

If the patient has been hospitalised, please give name of hospital and dates hospitalised:

Name of hospital: Date admitted Date released

Certification by attending physician

I hereby certify I have personally examined the above named patient and in my opinion the statements made in the Accident Details section of this claim form are consistent with the patient's injury.

Name:

Telephone:

Fax:

Email:

Address:

Signature:

Qualifications:

Date: