

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: