Catholic Church Insurance
Personal accident claim form

Instructions

1. Please read and complete this claim form carefully.
2. Answer all questions in full and attach any pages of additional information to ensure we can process your claim promptly.
3. Please send your completed claim form and attachments to:

Email: claims_0292667922@allianz.com.au

OR
Fax: (02) 9266 7922
Attention: CCI Claims

OR
Allianz Australia Insurance Limited
CCI Claims
GPO Box 4049
Sydney NSW 2001

Please note:

- As each claim is unique, we may require further information to consider your claim.
- For any enquiries regarding your claim, please contact Allianz on 1300 362 108.
- The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Policy details

Name of policy holder _____

Policy number _____

Period of cover ___/___/___ to ___/___/___

Payment details

If your claim is accepted, please provide details of the bank account you would like the benefit deposited in.

Name of financial institution _____

Name of account holder _____

BSB number _____

Account number _____

Injured person's details

Full name _____ Date of birth ___/___/___

Postal address _____

_____ State _____ Postcode _____

Is the injured person a full-time student? ☐ Yes ☐ No

If yes, name of school _____

Your details

Full name _____ Date of birth ___/___/___

Postal address _____

_____ State _____ Postcode _____

Home telephone no. ( ) _____ Mobile no. _____

Email address _____

Preferred method of contact Email ☐ Telephone ☐ Letter ☐

Your relationship to the insured person _____

CLM049 04/18

Injury details

Date of injury ____/____/____ Time ____ am / pm

Where did the injury occur? ____

How did the injury occur? ____

Did the injury occur during school holidays? Yes ☐ No ☐

Please provide specific details of the injury that is being claimed

Was the injury in any way connected with the injured person being under the influence of intoxicating liquor or drugs? Yes ☐ No ☐

Was the injury sustained whilst the injured person was engaging in or training for professional sport? Yes ☐ No ☐

Was the injury sustained whilst the injured person was engaging in any kind of race (other than on foot) or riding a motorcycle? Yes ☐ No ☐

Lump sum benefits

(A radiology report, or medical certificate specifying the injury sustained must be attached for Lump sum benefit claims to be paid)

Complete this section for lump sum benefits for injuries, incapacity benefit and domestic care allowance.

Date of first treatment ____/____/____

Number of complete school days lost (the benefit will not commence until the first school day after treatment is provided) ____ days

Number of complete consecutive days where domestic care is required by the injured person whilst confined to home ____ days

Recoverable expenses

(Receipts and medical certificates must be produced for these expenses to be paid)

Complete this section for clothing, educational or sporting equipment, tuition fees, domestic home help, emergency accommodation and emergency transport.

Expenses claimed	Nature of recoverable expense	Receipt attached (Y/N)	Date of purchase	Amount claimed
			/ /	$
			/ /	$
			/ /	$
			/ /	$
			Total Amount claimed	$

Privacy

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm. Monday-Friday.

Declaration and authority

I acknowledge and declare that: the information given in this form is truthful, accurate and complete; no information likely to affect this claim has been withheld;
I understand that this claim may be refused if information is untrue, inaccurate or omitted; all personal information provided by me about another person is provided with their consent.

I also authorise and direct all doctors and other medical staff, all hospitals, clinics, and other health care providers, the Health Insurance Commission, Police and all insurance companies to supply Allianz (or its agents) with any medical or insurance information which they hold, are aware of or able to obtain with regard to me.
I agree that a photocopy of this Authority when attached to a letter from Allianz shall be considered to be valid as if it were the original Authority.

Name of injured person _____ Date of birth ___/___/___

Your signature _____ Date ___/___/___

Print name _____