

**COMPLETE AND RETURN
AS SOON AS POSSIBLE TO:**



American Home Assurance Company

ABN 67 007 483 267
Incorporated with Limited Liability in the USA
A Member of American International Group, Inc.

Melbourne: 549 St. Kilda Road, Victoria 3004. (03) 9522 4000 GPO Box 4364, Melbourne, Victoria 3001 **Perth:** 77 St. George's Terrace, WA 6000. (08) 9202 1366

SCHOOL STUDENT ACCIDENT REPORT FORM

NAME OF SCHOOL		POLICY PREFIX AND NUMBER	
STUDENT'S FULL NAME	STREET ADDRESS	CITY	STATE POSTCODE
DATE OF BIRTH / /	HEIGHT AND WEIGHT	SEX	TELEPHONE
1. Give full description of injury from which you are now suffering. State when, where and how it happened.	INJURY	WHERE	
	HOW SUSTAINED FULL DESCRIPTION		
2. (a) Have you ever had this, or a similar condition, in the past? (b) If yes, state the nature of the condition, dates of treatment, names and addresses of treating doctors, hospitals and clinics.	YES	Condition(s)	
	NO	Dates: Treated by:	
3. (a) Give exact date when injury occurred (b) When did you first consult a physician for this condition? (c) When did you become totally disabled (unable to attend school)? (d) When were you able to return to school? (e) If still totally disabled, when do you expect your disability to terminate?	(a) Date:.....	Time:	a.m/p.m
	(b) Date:.....	Time:	a.m/p.m
	(c) Date:.....	Time:	a.m/p.m
	(d) Date:.....	Time:	a.m/p.m
	(e) Date:.....	Time:	a.m/p.m
4. (a) Give names, addresses and telephone numbers of all attending physicians.	NAMES	ADDRESSES	TELEPHONE
(b) Give name, address and telephone number of usual family physician.	NAMES	ADDRESSES	TELEPHONE
5. Are you covered by Private Health Insurance?	YES	NO	Give Membership No. and Branch.....
	Have you claimed yet?	YES	NO

INFORMATION AUTHORITY AND WARRANTY

I, hereby authorise any hospital, physician or other person who has attended me / the Insured Person, to furnish American Home Assurance Company or its representatives with any hospital and medical reports/notes and/or any information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment). I agree that a Photocopy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that the American Home Assurance Company relies upon the truthfulness of the particulars supplied by me in respect of the claim.

PRIVACY CONSENT

I consent to American Home Assurance Company ("AHAC"):

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. If we do not collect this information we may not be able to process your claim.
- (b) Disclosing my personal information to related entities of AHAC, their staff members located outside Australia, the insured, other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, or Insurance Ombudsman Service Ltd for the purposes of administering my claim or providing a report.
- (c) I understand that American Home Assurance Company is a signatory to the General Insurance Information Privacy Code and that a copy of the AHAC's privacy policy statement, including information about access, may be obtained by writing to the Privacy Manager American Home Assurance Company 549 St Kilda Road Melbourne or by e-mailing australia.privacy.manager@aig.com

(Where applicable) I do solemnly and sincerely declare that I am the parent/legal guardian of the Insured Person and provide this information on his/her behalf.

Dated:..... Name (please print):..... Signed:.....

PLEASE ENSURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED

I certify that..... is/was enrolled at this school at the time of the injury.

name

Was the student injured during a school organised activity?

NAME OF SCHOOL

NAME Position.....

ADDRESS Phone Number.....

I HEREBY CERTIFY THAT the particulars shown on this form, are to the best of my belief and knowledge, true and correct.

SIGNATURE DATE/...../.....

WITNESS

