



# SchoolCare – Student Accident Insurance

## Claim Form

Claim Number \_\_\_\_\_  
(office use only)

### Important information

**This policy is designed to provide specified benefits to students suffering bodily injury as a result of an accident. No benefits are provided for illness related incidents or costs.**

Catholic Church Insurance Limited is unable to process your claim unless the following are provided.

- **Original Doctor's certificate.** The certificate must show:
  - Name of injured student
  - Date, nature and extent of injury
- **Dental claims,** your dentist must provide a written statement confirming:
  - The treatment was due to an accident
  - The extent of treatment
  - Any future treatment
- **Original itemised accounts or receipts for claimable expenses.**
- **Declaration on page 9 to be completed by school/college.**

Catholic Church Insurance Limited does not pay for the cost of obtaining documentation to support a claim.

**STOP**

**IMPORTANT: CATHOLIC CHURCH INSURANCE LIMITED IS PROHIBITED BY THE HEALTH INSURANCE ACT 1973 (Cth) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP**

IF YOU REQUIRE ASSISTANCE PLEASE CONTACT US ON THE SCHOOLCARE HELPLINE: 1300 138 498

### Check list for parents

Please check

- That all questions have been answered
- That you have not included any Medicare claimable items or Medicare "gap" items
- That all supporting documentation is attached
- That the school has signed the declaration on page 9

### Check list for schools

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the parents have signed the declaration on page 8
- That the school has signed the declaration on page 9

**Additional comments/notes if required**



## Incident details (must be completed)

Date of incident

Time

/ /

am/pm

### Place of incident (Please tick ✓)

Home

School

Excursion/camp

Road

Sports venue (school)

Sports venue (other)

Other (Please give details below)

### Occurrence period (Please tick ✓)

School hours

School holidays

Public holidays

Weekend

Before school

After school

Describe how the accident occurred

Date of first treatment

/ /

Further treatment required

Yes No

## Lump sum benefits – not all injury types attract a lump sum benefit

### Section 1 – Table of benefits (Please tick ✓ benefit you are claiming)

- |     |   |     |   |
|-----|---|-----|---|
| 1.  | Death   | 20. | Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to between 20% and 40% of the entire body  |
| 2.  | Total and <b>permanent</b> disablement from engaging in any profession business or occupation whatsoever  | 21. | Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body  |
| 3.  | <b>Permanent</b> and incurable <b>quadriplegia</b>  | 22. | The fracture of a leg or knee cap with established non-union  |
| 4.  | <b>Permanent</b> and incurable <b>paraplegia</b>  | 23. | The fracture of the skull or spine  |
| 5.  | <b>Permanent</b> and incurable loss of mental powers resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons | 24. | The fracture of the neck or pelvis or hip   |
| 6.  | <b>Permanent</b> and incurable loss of speech resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons        | 25. | The fracture of a jaw   |
| 7.  | Total and <b>permanent</b> loss of sight of both eyes   | 26. | The fracture of a shoulder  |
| 8.  | Total and <b>permanent</b> loss of sight in one eye   | 27. | The fracture of a rib (one or more)   |
| 9.  | Total and <b>permanent</b> loss of use of both hands  | 28. | The fracture of a breastbone  |
| 10. | Total and <b>permanent</b> loss of use of both feet   | 29. | The fracture of a collarbone  |
| 11. | Total and <b>permanent</b> loss of use of one hand  | 30. | The fracture of an arm or an elbow or a wrist or a leg or a knee or an ankle<br>a. Simple (closed) fractures(one or more)<br>b. Compound open fractures (one or more)   |
| 12. | Total and <b>permanent</b> loss of use of one foot  | 31. | The fracture of a finger or a thumb or a toe  |
| 13. | Total and <b>permanent</b> loss of hearing in both ears   | 32. | The fracture of a hand or a foot  |
| 14. | Total and <b>permanent</b> loss of hearing in one ear   | 33. | The fracture of a facial bone or bones (other than jaw)   |
| 15. | Total and <b>permanent</b> loss of use of two limbs   | 34. | Loss of or damage to teeth<br>(a) Permanent or second teeth (not being dentures or dental fittings)<br>(i) loss of teeth<br>(ii) full capping of damaged teeth<br>(iii) partial capping or repair of damaged teeth<br>(iv) Damage to teeth not provided for in (ii) or (iii) above<br>(b) Milk or first teeth:<br>loss of teeth |
| 16. | Total and <b>permanent</b> loss of use of one limb  |     | The total benefits payable in respect of this event 34 shall not exceed \$2,500.  |
| 17. | Total and <b>permanent</b> loss of use of one thumb of either hand:<br>a. both joints<br>b. one joint   | 35. | Dislocation of the hip  |
| 18. | Total and <b>permanent</b> loss of use of fingers of either hand<br>a. three joints<br>b. two joints<br>c. one joint  | 36. | Dislocation of the knee   |
| 19. | Total and <b>permanent</b> loss of use of toes of either foot<br>a. all of one foot<br>b. great, both joints<br>c. great, one joint<br>d. other than great, each toe        | 37. | Dislocation of the shoulder blade   |

- |   |   |
|---|---|
| <p>38. Dislocation of the collarbone</p> <p>39. Dislocation of the jaw</p> <p>40. Dislocation of the ankle</p> <p>41. Dislocation of the elbow</p> <p>42. Dislocation of the wrist</p> <p>43. A knee reconstruction</p> <p>44. A torn ligament or tendon</p> <p>45. A ruptured internal organ</p> <p>46. Loss of testicle</p> | <p>47. Any <b>permanent</b> disability, burns, fractures, dislocations/tears/ruptures not otherwise provided for in this table of benefits. Please describe nature of injury:</p> |
|---|---|

## Section 2 - Other benefits

If a nominated person suffers bodily injury as a result of an accident, we will pay or reimburse (as the case may be):

**(A) Non-Medicare medical fees** (itemised invoice(s) from service provider(s) need to be provided to substantiate this claim)

1. the fees necessarily incurred as the result of such **bodily injury** and paid to a registered medical practitioner, dentist, nurse, chemist, hospital, chiropractor, osteopath or physiotherapist;
2. the cost necessarily incurred as the result of such bodily injury for the hire of surgical aids and appliances;
3. the cost of replacing prescribed glasses or contact lenses lost or damaged as a result of such **bodily injury**.

Provided that:

- a. **our** total liability under this benefit (A) shall not exceed \$7,500;
- b. no payment or reimbursement shall be made for fees or costs where legislation prohibits in Australia the payment or reimbursement of such fees or costs.

### **Benefit (A) is limited by legislation**

General insurance companies are prohibited by law from covering:

1. the cost of any medical service for which a Medicare benefit is payable,
2. the cost of any hospital treatment or ancillary health benefit, unless the cost arises from an injury that happens whilst taking part in certain activities such as:
  - attending school;
  - engaging in a sporting activity;
  - undertaking a work experience program (secondary students only);
  - providing services, without pay, to a religious, educational, charitable or benevolent organisation;
  - engaged in youth activities organised by a voluntary association, such as Guides or Scouts;
  - travelling to or from the above activities.

**(B) Emergency transport** eg Ambulance costs for injuries sustained at school (invoice(s) for any service(s) provided need to be supplied to substantiate this claim)

The cost of emergency transport necessarily incurred as the result of such **bodily injury**:

Our total liability under this benefit (B) shall not exceed \$7,500 per accident per **nominated person**.

**(C) Tuition fees** (invoice(s) for home tuition and an absence certificate from school need to be supplied to substantiate this claim)

The cost of home tuition necessarily incurred if as a result of such bodily injury the nominated person is unable in the opinion of a medical practitioner to attend school for more than 5 full consecutive days.

Our total liability under this benefit (C) shall not exceed \$2,500 per accident per nominated person.

**(D) Hospital inconvenience allowance** (Hospital Certificate needs to be provided to substantiate this claim.)

\$35 for each day the **nominated person** is confined as a patient in a hospital as the result of such bodily injury. This benefit is not payable unless **the nominated person** is hospitalised for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the nominated person has been hospitalised for the period concerned as the result of such bodily injury.

Our total liability under this benefit (D) shall not exceed \$3,500 per accident per **nominated person**.

**(E) Nursing allowance** (A certificate from a qualified medical practitioner needs to be provided to substantiate this claim.)

\$35 for each day the **nominated person** requires domestic nursing assistance whilst residing at the person's usual home as the result of such **bodily injury**. This benefit is not payable unless the **nominated person** is confined to home for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the nominated person requires domestic nursing assistance for the period concerned as the result of **such bodily injury**.

Our total liability under this benefit (E) is limited to \$2,000 per accident per nominated person.

**(F) Clothing allowance**

A maximum benefit of \$500 is payable for clothing lost or damaged as a result of an accident for which medical treatment was required and administered by a qualified medical practitioner.

**(G) Emergency accommodation**

\$75 for each day that a member of the **nominated person's** immediate family is accommodated at a location more than 100 kms from his or her normal place of residence while the **nominated person** is confined as a patient in a hospital as the result of such **bodily injury**.

Our total liability under this benefit (G) shall not exceed \$3,500 per accident per nominated person.

**(H) Travel expenses**

\$35 for each day the **nominated person** must travel more than 50 kms from his or her normal place of residence to seek medical treatment by a qualified medical practitioner as a result of such **bodily injury**.

Our total liability under this benefit (H) shall not exceed \$2,000 per accident per **nominated person**.

**Please claim here for Non-Medicare benefits**

Benefit	Provider of service	Nature of service provided	Amount claimed from CCI after any other rebate
			\$
			\$
			\$
			\$
			\$

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### Section 3 – Professional counselling costs

**Professional Counselling Fees** (A certificate from a qualified medical practitioner needs to be provided to substantiate this claim.)

If the **nominated person** suffers **bodily injury** as the result of an accident or if the **nominated person** witnesses an accident as a result of which a person suffers **bodily injury**, **we** will refund the cost of professional counselling fees.

We will require a certificate from a qualified medical practitioner stating that the **nominated person** requires professional counselling as a result of such bodily injury or as a result of witnessing an accident as a result of which a person suffers **bodily injury**.

Our total liability under section 3 is limited to \$2,500 **per nominated person** per accident and shall not exceed \$50,000 per insured per accident.

### Section 4 – School fee relief

**School Fee Relief** (Death Certificate needs to be provided to substantiate this claim)

If the person who pays the **nominated person's** school fees dies as a result of an accident **we** will pay the **nominated person's** school fees.

**Our** total liability under section 4 shall not exceed \$15,000.

## Parent/guardian declaration

- I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- I consent to Catholic Church Insurance Limited using my personal information I have provided on this form for the purpose of processing my claim, I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurance Limited may not be able to process my claim.
- I consent to Catholic Church Insurance Limited disclosing my personal information in some instance to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurance Limited also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors.

Parent's or guardian's signature

Date: (dd/mm/yyyy)

/ /

**STOP**

### HAVE YOU ATTACHED MEDICAL CERTIFICATES OR DENTAL CERTIFICATES AS REQUESTED?

Please note:

- 1) CCI is prohibited by the Health Insurance Act 1973 (Cth) from paying any medicare rebate including the Medicare Gap
- 2) CCI cannot pay any benefits or expenses relating to illnesses (eg. including asthma, allergic reaction etc.)



**MUST BE COMPLETED BY SCHOOL/COLLEGE  
(INCLUDING DECLARATION)**

**School/College Details**

School's/College's name

LIWARA CATHOLIC SCHOOL

School's/College's address

STUART RD GREENWOOD

Postcode State

6024 WA

Phone

08 94483811

Fax

0894488256

Contact name (and title)

L. HANSEN

Position

BUKSAR

Policy number

PAE-0105802

Client number

8610

Period of cover

01/01 / to 31/12 /

**School/college declaration**

Did the accident occur during a school activity? Yes No

Do you consider the information given by the parents/guardians on this claim form to be accurate? Yes No

If no, please comment

Do you wish to make any further comment in relation to this claim?

Signature of Authorised Representative

Date: (dd/mm/yyyy)

/ /

Name (printed)

Position

## General Insurance Code of Practice

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The General Insurance Industry has developed the General Insurance Code of Practice (the Code) for use by insurers. The Code was last revised in February 2012.

Catholic Church Insurance Limited (CCI) has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship with you - whether you're taking out insurance, making a claim (including setting out timeframes for making a decision on your claim), or have a complaint. The Code also contains special provisions setting out how we must deal with claims resulting from catastrophes and disasters.

If you want more information about the Code, or to obtain a copy of the Code please contact us or visit the Insurance Council of Australia website at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

If we are unable to provide you with insurance cover, CCI will:

- give you reasons for our decision;
- refer you to another insurer, or the Insurance Council of Australia; and
- if you are unhappy with our decision, refer you to the Financial Ombudsman Service Limited (FOS), an independent organisation that resolves disputes between consumers and financial service providers, for information about external dispute resolution options.

## How to make a complaint

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If you are unhappy with our decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at [www.ccinsurance.org.au](http://www.ccinsurance.org.au) or by requesting a copy directly from us.

If your complaint is a privacy complaint please refer to our Privacy Statement which outlines our privacy complaints handling procedure.

Alleged breaches of the Code can be reported to FOS:

Mail: Financial Ombudsman Service Limited  
GPO Box 3, Melbourne Vic 3001  
Tel: 1300 780 808 (Local call cost)  
Tel: (03) 9613 7366  
Facsimile: (03) 9613 6399  
Website: [www.fos.org.au](http://www.fos.org.au).

Alternatively, there may be other external dispute resolution options available to you including:

- State and Territory Review Tribunals (such as the Victorian Civil & Administrative Tribunal),
- Mediation or Arbitration (where we both agree to use this option), and
- Court proceedings.

## Your Privacy

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### Meeting your expectations

Catholic Church Insurance Limited (CCI) is committed to providing you with the highest levels of customer service and abides by the National Privacy Principles (NPPs) contained in the Privacy Act 1988 (Cth) (Privacy Act) to safeguard your privacy.

We have adopted the following NPPs that relate to the protection of your privacy: Collection, use and disclosure, data quality, data security, openness, access and correction, identifiers, anonymity, transborder data flows and sensitive information.

### Collecting your personal information

Your personal information collected by CCI includes your name, address, contact details and any information specific to your policy.

The information we collect enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Our commitment is to only collect personal information that is relevant to your application for insurance, your insurance policy or your claim.

We aim to ensure that your personal information is at all times accurate, up to date and complete.

### Disclosing your personal information

Once we have collected any personal information about you we will manage it in accordance with the Privacy Act.

To assess a risk or pay a claim we may disclose your personal information in some instances to other insurers, reinsurers, claims investigators, assessors, repairers and suppliers, legal advisors, or other parties required by law.

We will take reasonable steps to protect the personal information we hold about you from misuse or loss, and from unauthorised access, modification or disclosure.

### Direct marketing and your privacy

From time to time we may offer you information on other products or services from CCI, our related entity CCI Asset Management Limited or Catholic Super Fund that may be relevant and of interest to you. If you do not wish to receive these offers, please advise us.

### Accessing your personal information or making a privacy complaint

To access your personal information, or to make a privacy complaint, please write to us or call us.

If you make a privacy complaint and you are not satisfied with the response you receive from us you may refer your complaint to the Privacy Commissioner.

Mail: Office of the Australian Information Commissioner,  
GPO Box 5218 Sydney NSW 2001  
Tel: 1300 363 992 (Local call cost)  
Fax: (02) 9284 9666  
Email: [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)  
Website: [www.oaic.gov.au](http://www.oaic.gov.au)

To obtain a copy of our Privacy Statement please go to [www.ccinsurance.org.au](http://www.ccinsurance.org.au), or write to us or call us.

### How to Contact Us

Mail: Catholic Church Insurance Limited  
GPO Box 180 Melbourne 3001  
Email: [schoolcareclaims@ccinsurance.org.au](mailto:schoolcareclaims@ccinsurance.org.au)  
Website: [www.ccinsurance.org.au](http://www.ccinsurance.org.au)  
Telephone: 1300 138 498  
Facsimile: 03 9934 3468

Catholic Church Insurance Limited. ABN 76 000 005 210, AFSL no. 235415