



# PERSONAL INJURY INSURANCE

The State Government believes that people injured whilst providing a vital community service should not be out of pocket for any expenses incurred as a result of that injury.

Any person suffering an injury as a result of surf lifesaving activity should contact SLSSA and request the appropriate claim forms.

In brief, all claims will be made via normal channels in the first instance. This means that Medicare and private health funds should be exhausted prior to claiming against the association's policy. Any approved shortfall will then be reimbursed from the scheme.

For claims requiring extended time off work, the claimant must utilise all accrued sick leave prior to claiming wage loss.

## **PLEASE NOTE:**

- 1. Loss of wages will not be paid for injuries resulting from competition.***
- 2. Those members who do not have private medical cover will be required to pay the first \$200 of any claim.***
- 3. No claim will be processed without details having been entered into the incident report database (report number to be included in claim).***



# SURF LIFE SAVING SA

## Personal Accident Claim Form

Please complete all details and return to Surf Life Saving SA, PO Box 108, Torrensville 5031.

### DETAILS OF CLAIM:

Name of member: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_ Date of birth \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Name of private health fund \_\_\_\_\_

Type of cover \_\_\_\_\_

Total of all bills paid \$ \_\_\_\_\_

Amount of rebate from Medicare \$ \_\_\_\_\_

Amount of rebate from private health fund \$ \_\_\_\_\_

BALANCE OUTSTANDING \$ \_\_\_\_\_

- NOTE:**
- 1. Copies of all bills and/or receipts MUST BE attached to this claim form.**
  - 2. Those members who do not have private medical cover will be required to pay the first \$200 of any claim.**

Please advise of any payment, allowance or benefit received from your employer, or any other source during the period of incapacity.

\_\_\_\_\_

Please list all persons alleged to be dependant upon the claimant (names and dates of birth – and if over the age of 16 years state whether a full time student and name of educational institution). If persons are only partially dependant, please state income of dependant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **INURY**

Date of injury: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Place and manner in which the injury was received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What date was this injury recorded on the incident report database? \_\_\_\_\_

What is the number of the IRD report? \_\_\_\_\_

Please note that if the IRD has not been completed, then the claim will not be processed until such time as it is.

**NOTE: If the injury has an extended treatment schedule, a doctor's prognosis and report on expected length of treatment will be required.**



# **SURF LIFE SAVING SA**

## **Report of Injury**

This is to confirm that on \_\_\_\_\_  
(date of injury)

\_\_\_\_\_ suffered an injury described as  
(name of injured volunteer SLSSA member)

\_\_\_\_\_ whilst participating in  
(type of injury)

\_\_\_\_\_   
(type of activity: eg patrols, training, competition, etc)

at \_\_\_\_\_ and at that time he/she was  
(place of incident)

under my control and/or instruction as a volunteer member of the  
\_\_\_\_\_ Surf Life Saving Club

NAME OF OFFICIAL: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_

ADDRESS OF WITNESS: \_\_\_\_\_  
\_\_\_\_\_



# **SURF LIFE SAVING SA**

## **Authority to seek Medical information**

I, \_\_\_\_\_ authorise  
(name of member)

the following doctor/s to release information to Surf Life Saving South Australia Inc in relation  
to the injury to my \_\_\_\_\_

\_\_\_\_\_  
(insert details of injury)

which occurred on \_\_\_\_\_ (insert date)

Please list the name/s of doctor/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorisation is valid for a period of twelve months from the date of signature.

I agree that a photocopy of this authorisation may be treated with the same validity as its original.

I give this authority of my own free will and have been advised by an Officer of Surf Life Saving South Australia Inc that I am not obliged to sign it, however failure to do so may delay the prompt processing of my claim.

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_