medibank
PRIVATE

Incident form

You recently lodged a claim for benefits for treatment you have received. From information you or your health care provider have given to us, it seems that you needed the treatment because of an incident, accident or circumstance ('incident') and you may be entitled to compensation for that incident. So we can assess your claim, we need you to please complete and provide us with the information in this form.

1. Membership information

Membership number	Title	Family name	First name	
Date of birth / /	Address		State	Postcode
Home phone number ( )		Business phone number ( )	Mobile phone number	

2. Details of the incident

Date of the incident / /	Location of incident (including state)
Time of incident (am/pm)	

Please describe the incident in as much detail as possible. Please include a description of where you were and what you were doing at the time of the incident. If the incident involved a motor vehicle accident, please state whether you were the driver, a passenger, a pedestrian or a cyclist.

Please describe your injury or condition (where appropriate, please indicate the body part injured).

3. Details of your claim

1. Do you believe that you have a compensation claim against anyone in relation to your injury or condition which would include hospital and/or medical expenses? Yes ☐ No ☐
   If you answered 'No', please go to section 4 (Details of lawyer or insurer).

2. Who do you believe you have a compensation claim against?
   (eg your employer, individual or insurance company. In each case, please provide the full name)

3. Which of the following do you believe applies:
   a. A public liability insurance policy Yes ☐ No ☐
   b. Any other third party liability insurance policy (eg professional indemnity insurance) Yes ☐ No ☐
      If yes, please provide further details:

   c. A motor vehicle accident compensation scheme Yes ☐ No ☐
   d. A workers' compensation scheme Yes ☐ No ☐
      If the incident occurred at work but you do not believe you are entitled to Workers' Compensation please explain why:

   e. Common law damages (eg for negligence) Yes ☐ No ☐
   f. Other Yes ☐ No ☐
      If yes, please provide further details:

4. Have you made a compensation claim?
   a. If yes, please provide details (including the date the claim was lodged or proceedings issued, details of the claim, any reference number or court proceeding number, the amount claimed and the current status): Yes ☐ No ☐

   b. If no, do you intend to make a claim? Yes ☐ No ☐
      If not, please state your reasons for not doing so?

Note: If the claim has been rejected by an insurer and any appeals have been denied, please attach a copy of the letter from the insurer denying liability.

5. Have you been awarded compensation, damages or received a settlement amount?
   a. If yes, please provide details of the amount recovered, the basis of recovery (eg court order, insurance payout, settlement) and the date of recovery. Please also provide details of who the money was paid to, where it was paid to (eg bank and account detail and what that money was for (eg whether it was for past medical expenses only or does it include future expenses?). Yes ☐ No ☐

Please attach a copy of any document you have received with details of the payment amount (eg court order or insurance settlement advice).

4. Details of lawyer or insurer

1. Have you engaged a lawyer:
   If yes, please provide the following details: Yes ☐ No ☐

Law firm name		Contact person	
Address		State	Postcode
Telephone number ( )	Fax number ( )	Reference no. (if applicable)	

2. Is an insurance company managing the claim?
   If yes, please provide the following details: Yes ☐ No ☐

Insurance company name		Contact person	
Address		State	Postcode
Telephone number ( )	Fax number ( )	Claim no.	

If a lawyer or insurance company becomes involved in managing your claim in the future, please send the above details to:
Benefits Risk Management, Medibank Private, GPO Box 9999, Melbourne VIC 3000 or fax to (03) 8456 6019.

5. Declaration, authorisation and undertaking

By signing this form, I give whichever of the following declarations, authorisations and undertakings are applicable to me:

1. I declare and acknowledge that the information provided in this form is true and correct;
2. I authorise my treating health care provider/s to provide Medibank Private with any medical or paramedical information as may be necessary to give further consideration to my claim;
3. if I have engaged a lawyer or if I do so in the future:
   - I undertake to advise Medibank Private immediately of the details of my lawyer;
   - I undertake to give my lawyer a copy of this form;
   - I authorise my lawyer to give to Medibank Private any information concerning my claim as is reasonably requested; and
   - I authorise Medibank Private to provide my medical records, my claims history and a copy of this form (if I have not already done so) to my lawyer.
4. if I have a right to receive compensation, I undertake to:
   - advise Medibank Private immediately of the details of any insurance company that becomes involved in managing my claim;
   - advise Medibank Private if I decide to make a claim;
   - ensure any claim that I make includes all expenses for which benefits are or would be payable by Medibank Private;
   - take all reasonable steps to pursue the claim;
   - keep Medibank Private informed of and updated as to the progress of the claim; and
   - inform Medibank Private immediately upon determination or settlement of the claim and of the details of any payments received.
5. if I receive benefits from Medibank Private for expenses relating to my injury:
   - I undertake to repay Medibank Private if I later receive a compensation payment for those expenses from another party (including any settlement amount);
   - I irrevocably authorise and direct my lawyer or any insurance company that is involved in managing my claim to pay the amount of those expenses (as shown on my Medibank Private Statement of Benefits) to Medibank Private as soon as possible after receiving the compensation payment (in the case of my lawyer) or determining that compensation is payable (in the case of an insurer); and
   - Where there is any disagreement between me and Medibank Private in relation to repaying the expenses after I receive a compensation payment, I irrevocably authorise and direct my lawyer or the insurance company to hold on trust the amount paid to me by Medibank Private until authorised by Medibank Private to release it.

Member or claimant's signature	Date / /

Once completed, please return this form and any supporting documentation to us.
Post: Benefits Risk Management, Medibank Private, GPO Box 9999, Melbourne VIC 3000
Fax: (03) 8456 6019
For all enquires please call 132 331.

Medibank Private membership, including entitlement to and payment of benefits, is subject to our Fund Rules and policies. Premium rates, and the Fund Rules and policies, change from time to time. Your personal information is handled in accordance with our Privacy Policy. You can view a copy of our Fund Rules and Privacy Policy online at medibank.com.au or any of our Medibank stores.
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