

## PERSONAL ACCIDENT NEW CLAIM CHECK LIST

### The Claimant must:-

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- Fully complete every question of Sections 1 and 2 before the doctor completes their section;
- Complete and sign the Declaration and Authorisation;
- Provided your bank details and complete a Tax File Number Declaration Form;
- Ensure one of your treating Doctors has fully completed Section 4 (Doctor's Statement);
- Attach any additional supporting documentation available including x-rays & other scan reports, letters from doctors or physiotherapists, Hospital Discharge Summary, operation reports, etc;
- Consider whether any other insurances may be applicable (i.e. Sports PA Insurance, CTP or TAC).
  - If so you should pursue those claims first, share details of the other claim and be aware that these other claims would reduce PA&S Benefits payable on this Policy.

### The Employer/Policy Holder should:-

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- Fully completed Section 3 (Employer or Principle Contractor Statement) including first date of Disability (first date off work), commencement date of employment and details of any salary paid since the Injury/Sickness/Disability, specifically sick leave;
- Provide a Pay History Report - This report is to include:-
  - The 12 month period immediately preceding the date of Disability and detail any overtime, allowances, commissions or bonuses along with normal time and salary sacrifice; and
  - Sick Leave paid since Disability began;
- Advise whether the loss was, is or may be a Workers' Compensation claim
  - If so a copy of the WC file should be provided or Case Manager's details & Claim Number

### Important Note:-

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- ALL MEDICAL CERTIFICATES MUST STATE THE REASON FOR DISABLEMENT – Certificates which say “unfit due to a medical condition or illness” cannot be accepted.

**FAILURE TO PROVIDE ANY OF THE ABOVE MAY RESULT IN DELAYS IN  
HANDLING YOUR CLAIM**