

Continuing Claim for Illness or Injury

GE Money
GPO Box 1571
Sydney NSW 1025
Phone: 1800 800 230
Fax: (02) 8249 3885
www.gemoney.com.au/insurance
insurance.services@ge.com

How to help us process your claim

Checklist

Before submitting your claim form, make sure you can tick **all** the boxes below:

Illness or Injury claims - Documents required



Section A: Statement of claimant (you) – all questions answered

Section B: Medical Certificate – completed, signed, dated and stamped by your usual treating doctor

Privacy Consent and Declaration - read, signed and dated by you. This is on the last page of this claim form. It's important that we have your signature here so we can start processing your claim straight away.

Without the above information we will be unable to process your claim

If you are having any difficulties completing this claim form, please contact our Customer Service Centre on **1800 800 230**

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What needs to be filled out?

Section A – to be completed by claimant (you)

Section B – to be completed by your usual treating doctor

Privacy Consent and Declaration – to be read, signed and dated by you

Section A: Statement of claimant (you)



Who needs to fill this out?

All questions need to be answered by you

Claim number: _____ Account/policy number: _____

First Name: _____ Surname: _____ Date of Birth: __/__/____

Address

Unit/House Number: _____ Street Name: _____

Suburb: _____ State: _____ Postcode: _____

Since the last claim form you completed have you (tick all options that relate to you):

(a) Returned to your casual duties? Yes No If yes, please give date: __/__/____

(b) Returned to your light duties? Yes No If yes, please give date: __/__/____

If you answered 'yes' to (b), you must attach supporting documents, with this claim form, that state full details including dates, hours and the nature of the duties performed.

(c) Had any form of rehabilitation? Yes No If yes, please give date: __/__/____

(d) Performed any other work for compensation or reward? Yes No If yes, please give date: __/__/____

(e) Received any form of income (except those listed below)? Yes No If yes, please give date: __/__/____

If you have not returned to work, when do you expect to do so? Date: __/__/____

Are you receiving any of the following benefits?

(a) Workers' Compensation

(b) Sickness

(c) Unemployment

(d) Disability Pension

(e) Other

Please list: _____



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Section B: Medical Certificate



Who needs to fill this out?

To be completed, signed, dated and stamped by your usual treating doctor

Patient's Name: _____ Date of birth: __/__/____

Diagnosis (describe any complications):

Date the patient was unable to work: From: __/__/____ To: __/__/____

Since you last certified the patient has he/she been:

(a) Hospitalised? Yes No From: __/__/____ To: __/__/____

Name of Hospital: _____

(b) Referred to a specialist? Yes No

Details: _____

(c) Prescribed further treatment? Yes No

Details: _____

(d) Referred for or undergone any tests? Yes No

Details: _____

Is the patient still entirely prevented from engaging in all of the duties of an occupation for which he/she is reasonably suited by education, training or experience? Yes No

If yes, what is the anticipated return to work date? Date: __/__/____

If no, what is the date the patient ceased to be disabled? Date: __/__/____

Name: _____ Provider Number: _____

Address: _____ Postcode: _____

Phone: _____ Fax: _____

Signature of medical practitioner: _____ Date: __/__/____



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Privacy notice and consent

We collect personal information about you so that we can process your claim. Without this information we may not be able to process your claim. We may disclose personal information to third parties to assist us (and where applicable them) in processing your claim. Those third parties may include medical practitioners, hospitals, other health service providers, present and past employers, other insurance companies holding information relevant to our customers' claims, other General Electric companies (both in Australia and overseas), and claims handlers. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it. By completing this claim form you consent to us collecting and disclosing personal information about you in the ways set out above.

You can have access to the personal information we hold about you (subject to the Privacy Act 1988) by telephoning 1800 800 230 or writing to GE Money at GPO Box 1571, Sydney NSW 1025.

Declaration (to be signed and dated by you)

I warrant that the information supplied by me on this form is in every respect true and correct and that I have not withheld any information likely to affect the acceptance of the claim. I also agree to the collection and disclosure of the information described under the heading "Privacy notice and consent". I understand that the claim may be denied if the information supplied is untrue or I have not revealed all relevant facts. I hereby authorise my employer, their Workers' Compensation insurer, my insurers or any hospital or medical practitioners who have treated me to provide Hallmark General Insurance Company Ltd. with any information it may request regarding any illness, injury, medical history, treatment or copies of medical, hospital or employment records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Name: _____

Current Address: _____

Home Phone Number: _____

Signed: _____ Date: __ / __ / ____