OSHC Accident Information Form

Please complete and provide as much information as possible on this form. All information provided will assist in processing your claim.

Once completed, please return form to:

Allianz Global Assistance
OSHC Claims
Locked Bag 3001
Toowong QLD 4066
Australia

Email us at:
oshcclaims@allianz-assistance.com.au

PRIVACY The Privacy Act 1988 (C'th) sets out laws for the protection of your personal information. Our Privacy Policy, which is available on request or on the web at http://www.allianz-assistance.com.au/corporate/privacy-and-security.aspx tells you how we handle your personal information. By providing us with your personal information, you agree and consent to us collecting, storing, using, and disclosing your personal information in accordance with our Privacy Policy. For example, to process your claim, we may disclose your personal information to third parties who assist us provide our services and carry out our business functions. Please contact Allianz Global Assistance on 1300 725 154 for further information.

Policy Holder Details (must complete this section)	
Your Family Name (Surname)	
Your Given Name:	
Your Policy Number:	Incident Number:
Your email address:	
Day time contact number:	Mobile:

General Details (must complete this section)		
Date of incident: _____/_____/_____	Time of incident: _____ am / pm	Location of incident (exact physical address):
Do you have medical or travel insurance in your home country?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Name of Insurer: _____ Cover Type: _____ Your Policy No: _____	
Did the Police attend the scene?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Police Officers Name: _____ Police Officers Contact Detail: _____ Police Report No: _____	
Have you sought Legal Representation?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Solicitor Name: _____ Contact number: _____ Email address: _____	
We provide assistance in legal services, please contact our OSHC 24 hour helpline on **1800 814 781**		

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Type of Accident (must complete this section)

To help us understand the nature of the incident please select the most relevant type of accident and provide incident details. This will assist us in your claim process. If your case does not apply to the first three categories, please select General Accident

1. Sporting Accident 2. Work Accident 3. Motor Vehicle Accident 4. General Accident

Sporting Accident

Describe how the incident occurred?

Were you playing as a registered member of a sporting Team/Club?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Name of Team club: _____ Contact Name of club: _____ Email address: _____ Day time Contact number: _____ Insurance Details of Club: _____ Insurance Policy Number: _____

Work Accident

Describe the circumstances of your injury in detail:

Provide the name and address of your employer?	Employer Business Name: _____ Employer Name: _____ Day time Contact number: _____ Email address: _____
Have you lodged a Workers Compensation Claim?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Insurance company name: _____ Policy number: _____ Claim no: _____

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Motor Vehicle Accident

Describe the circumstances of the accident in detail?	
Who was at fault for the accident and why?	
Provide details of all parties involved	**Your Vehicle details** Vehicle registration number: _____ Drivers full name: _____ Vehicle insurer name: _____ Policy number: _____ **Other vehicle details:** Vehicle registration number: _____ Drivers full name:_____ Vehicle insurer name: _____ Policy number:_____
Have you lodged a claim through Compulsory Third Party (CTP) Insurance?	Please tick: ☐Yes ☐No If **YES,** please provide the following details Insurance company name:_____ Policy number: _____ Claim number: _____
Provide contact details of all Witnesses	Name: _____ Day time telephone number:_____ Email address:_____

General Accident

Describe the circumstances of the incident in detail: (What, When, Where, How)
Who do you believe was at fault for the accident and why?

Allianz Global Assistance Overseas Student Health Cover policies are authorised under a Deed entered into between Lysaght Peoplecare Limited and the Australian Government through the Department of Health and Ageing. Allianz Global Assistance Overseas Student Health Cover is managed by AGA Assistance Australia Pty Ltd ABN 52 097 227 177 trading as Allianz Global Assistance. Lysaght Peoplecare Limited ABN 95 087 648 753, a private health insurer under the Private Health Insurance Act 2007 (Cth), is the underwriter of Allianz Global Assistance Overseas Student Health Cover policies.