



CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED

A.C.N. 003 710 647

ASFL39778

Level 51, Ratio South Tower, 525 Collins Street, Melbourne, Victoria 3000 Aust

Telephone: 61-3-9242 5111 λ Facsimile: 61-3-9629 7147 λ DX: 30973 - Stock Exchange Melbourne

Student Accident Claim Form

Please return this form together with attachments:

Student Name: _____	Date of Birth: _____
Address: _____	Sex: _____
Telephone: _____	Policy Number: 93100799
Name of School: Penleigh and Essendon Grammar School	

Give a full description of the injury sustained. Also describe where and how it occurred:

***NOTE:** If student injured during an organised activity please attach confirmation note from the activity co-ordinator

Have you ever previously suffered from this type or similar type of injury? If Yes, please provide full details.

Are you or your dependant covered by any other group insurance or government plan:

State exact date when injury occurred:	Date:	Time:	am/pm
When did your first seek Medical Treatment?	Date:	Time:	am/pm
When did you become totally unable to attend school?	Date:	Time:	am/pm
When were you able to return to school?	Date:	Time:	am/pm
If still disabled, when do you expect to return to school?	Date:	Time:	am/pm

Physicians or Providers Name, Address & Telephone Number:

Please advise Name, Address & Telephone Number of usual Family Physician:

Are you covered by Private Health Insurance? Yes No Have you claimed yet? Yes No

I hereby authorise any hospital, physician or other person who has treated or assisted me in the treatment of my injury to release any information.

I hereby declare that I am suffering or have suffered the injury detailed above and warrant the truth of the foregoing particulars in every respect.

Date: _____ Parent / Guardian Name _____ Signature: _____
(Please print) (Parent / Guardian)

TO BE COMPLETED BY THE SCHOOL REGISTRAR, BURSAR OR PRINCIPAL

To the best of your knowledge was the student injured as stated? **Yes**

Was the student injured during a school organised activity? _____

Name of School: **Penleigh and Essendon Grammar School** Your Position: **Director of Finance**

Address: **P O Box 417, Niddrie, Vic, 3042** Phone Number: **9016 2000**

I hereby certify that the particulars shown on this form are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Mr Mina Pitliangas



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Attending Physicians Claim Form

THE CLAIMANT IS RESPONSIBLE FOR THE COMPLETION AND COST OF THIS REPORT

Patients Name: _____

Patients Address: _____

Are you the Patients regular Physician?

If so, how long have you known the patient?

When Did the patient first receive medical treatment?

Please give a complete diagnosis of the condition: _____

What treatment has the patient undergone? _____

Was the patient confined to Hospital? _____

If so, please advise the following details:

Name of Hospital _____

Address of Hospital _____

Length of Confinement _____

What other treatment is required? _____

Was there a previous history of this or a similar condition?

If Yes, Please provide details including treatment undertaken _____

When was the patient obliged to cease attendance at school?

If the patient is still unfit to attend school?

Please advise an approximate return date

If the patient has recovered, please advise when patient was able to resume attendance at school

Are there any underlying conditions affecting recovery from the current condition? _____

If yes, please advise _____

What is the current prognosis? _____

Is there any additional information that will assist in the assessment of this claim?

Date: _____ Name (Please print) _____ Qualifications _____

Please print your Name _____ Phone Number _____

Address _____