Claims X

Dental injury

Claim form

ReddiFund Mutual Benefit Fund Discretionary Trust.
If you need assistance with filling out this form, contact us on 1300 375 723 or claims.aus@claimsx.com.au

Important information

The issue of this claim form does not indicate acceptance of the claim. To assist us in assessing your claim, please:

1. Fully complete this form and supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents may result in a delay in assessing your claim.
2. Provide a comprehensive description of the circumstances of the loss, completing all relevant sections.
3. Provide additional supplementary information on a separate page if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X at claims.aus@claimsx.com.au.

Member details

Member name:		
Daytime phone number:		
Email:		
Postal address:		
State:		Postcode:
Date of birth:	Height	Weight
Usual occupation:		
Employer's name:		
Location/department:		

Banking details

Account name:
Account number:
BSB:

Incident details

Date of injury:	Time of injury:
Location of incident:	
Date of first dental treatment following the incident:	
Identify the accidental dental injury and note how many teeth / fillings were damaged / lost (e.g. Loss of tooth/teeth):	
Loss of tooth/teeth:	
Full capping of tooth/teeth:	
Partial capping of tooth/teeth:	
Other (please specify)	
Describe the accident that caused your dental injury:	

Were you participating in a sport in any capacity when the injury occurred? (i.e. playing, training)	Yes ☐	No ☐
If **yes**, did you receive any fee monetary payment or financial reward as a result of your participation?	Yes ☐	No ☐
Were there any witnesses to the dental accident?	Yes ☐	No ☐
If **yes**, provide witness name/s and contact number/s:		
Witness name:		
Witness phone:		

Claimant declaration & medical authorisations

1. I, _____ solemnly and sincerely DECLARE that the information given by me in this claim is true and complete.
2. I understand that the claim may be declined if the information supplied is untrue and I have not revealed all relevant facts.
3. I agree to supply any further information that may be requested of me in connection with my claim.
4. I authorise any Doctor, Dentist, Physiotherapist, Company, Firm or Person to disclose to Howden any and all information that they may request in connection with this claim.
5. I agree that a photocopy of this Authorisation shall be considered to be effective and valid as the original.
6. I have read and accept the Privacy Collection Statement provided with this claim form.
7. I hereby acknowledge and agree to the information contained herein (including personal information) being shared with the other members of our Discretionary Trust (Trust) as part of the Trust's Risk Management processes and reporting criteria with ReddiFund Mutual Benefit Fund Discretionary Trust, as it may be required to assist in the management of this claim and the administration of the Trust.

Signature of Claimant:
Date:

Dentist's statement

Claimant's full name:

Date of birth:

Describe the nature of the dental damage suffered by the Claimant and the number of teeth damaged:

Identify the accidental dental injury and note how many teeth / fillings were damaged / lost (e.g. Loss of tooth/teeth):

Loss of filling/s:

Loss of tooth/teeth:

Chipping of tooth/teeth:

Partial capping of tooth/teeth

Other (please specify):

Advise the treatment and ADA item numbers that relate to this dental injury.(please also state the FDI two-digit tooth identification number/s):

On what date did the claimant first consult you for the dental damage?

Was the dental damage referred to in this form caused solely and directly by a sudden, unexpected, and specific event that has occurred independently of any other cause? Yes ☐ No ☐

If **no**, please note what other cause has contributed to the dental damage.

Was the claimant participating in a sport in any capacity when the injury occurred? (i.e. playing, training, umpiring, etc) Yes ☐ No ☐

Dentist's declarations

I _____hereby certify that I am a registered dentist and that I have personally examined the above-named claimant.

Qualification:

Provider number:

Telephone:

Business email:

Business address:

State Postcode:

Date:

Signature:

Privacy Collection Statement

In accordance with the Privacy Act 1988 (and subsequent amendments), we Alternative Risk Management Services ABN 70 649 963 191 and Claims X, as related companies to Howden Insurance Brokers (Australia) Pty Ltd ABN 79 644 885 389 (Howden), draw your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Claims X products or services. If you are applying for or renewing insurance or membership, or membership of an Alternative Risk Management Services Discretionary Trust Arrangement (DT Arrangement), the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909, or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Claims X related Group companies, such as Howden Insurance Brokers (Australia) Pty Ltd. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website (https://www.howdengroup.com/au-en/privacy-policy) if you would like further information or contact our Privacy Officer on the contact details below:

  Post: Howden Insurance Brokers (Australia) Pty Ltd
  Level 23, 20 Bond Street
  Sydney, NSW 2000
  Email: privacy.pacific@howdengroup.com

- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services, or your application for insurance or membership of a DT Arrangement may be declined or you may prejudice your insurance cover or cover under a DT Arrangement.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.
- Our Privacy Policy can be made available on request or can be accessed on Howden's website https://www.howdengroup.com/au-en/privacy-policy.

For further information or to make a complaint regarding Claims X's Privacy Policy, contact your Broker, Claims Manager or the Privacy Officer for Howden and Claims X.