

# Claims X Ambulance

## 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](mailto:claims.aus@claimsx.com.au)

### Important information

**We will act on your claim upon receipt of this form. Issue of this form is not an admission of liability.**

**You can assist in the assessment of your claim if you:**

1. Fully complete this form. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Provide a comprehensive description of the circumstances of the accident/injury or sickness.
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](mailto:claims.aus@claimsx.com.au).

### Member details

Full name:

Phone:

Email:

Residential address:

State:

Postcode:

### Banking details

Account name:

BSB:

Account number:

### Incident details

What was the exact date the ambulance was used?

Name of person who used the ambulance:

Relationship to member (wife, daughter, member etc):

Date of birth

Postcode:

Are you able to claim this account from any other source? If **yes**, from where?

Yes

No

If the use of the ambulance is not as a result of an accident, provide the name and telephone number of the Doctor who requested the transport:

Name:

Phone:

**Original account must be attached to this form**

## Declaration

1. I, \_\_\_\_\_, declare that the information provided by me in relation to 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 provided all relevant facts.
3. I agree to supply any further information that may be requested of me in connection with my claim.
4. I have read and accept the Privacy Collection Statement provided with this form and Claims X Pty Ltd's Privacy Policy.
5. Where I have provided information about other individuals, I have made those persons aware of the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy provided with this form and I have obtained their consent to the information being provided in accordance with the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy.

I wish to report this incident, but do not want to claim against the trust at this time;

I submit this information in support of a formal claim against the trust;

I acknowledge my claim is subject to the application of a \$50 excess.

Please print name:

Signature:

Dated:

## Collection Statement under the Privacy Act 1988 (Cth)

**In accordance with the Privacy Act 1988 (and subsequent amendments), Claims X Pty Ltd ABN 57 649 962 701, AFSL 530894 (we, our, us, Claims X), draws 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 claims handling and settling services.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, other parties which may assist us in assessing your claim, agents and Claims X related group companies, such as Howden Insurance Brokers (Australia) Pty Ltd ABN 79 644 885 389, AFSL 539613 (Howden) and Alternative Risk Management Services Pty Ltd ABN 70 649 963 191 (ARMS). Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- Our related group companies may provide you with information about other products and services including but not limited to an alternate risk management solution offered through ARMS. ARMS and Howden will use and disclose your information to assist in the administration, promotion and risk management of the applicable discretionary trust.
- Please read our Privacy Policy on <https://www.howdengroup.com/au-en/privacy-policy> for further information in relation to how we and our related group companies collect, store and use your information. You may also request a copy from our privacy officer whose details are below.
- If you would like further information contact our privacy officer on the contact details below:

**Post:** Claims X Pty Ltd  
Level 23, 20 Bond Street  
Sydney, NSW 2000

**Email:** [privacy.pacific@howdengroup.com](mailto: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 and our Privacy Policy.
- 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 discretionary trust arrangement may be declined or you may prejudice your insurance cover or cover under a discretionary trust.
- 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 (Cth).
- 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.