

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

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 pages if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X using the above email address.

Member details

Full name

Phone

Email

Residential address

State/postcode

Banking details

Account name

Account number

BSB

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

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

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/we hereby declare that the forgoing answers are true and correct, that I/we have in no manner caused the said incident by any fraud or willful misrepresentation sought unjustly to benefit by the said incident and that the information detailed above is a true and faithful account of the actual incident.
2. No information likely to affect the acceptance of this claim has been withheld.
3. I/we the undersigned hereby acknowledge and agree to the information contained herein (including our 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, as it may be required to assist in the management of this claim and the administration of the Trust.

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 Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we Alternative Risk Management Services (ARMS) and Claims X, as related companies of the Howden group, 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 if you would like further information or contact our Privacy Officer on the contact details below.
- 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.