

# Compensation/Accident Questionnaire

## Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

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## Questionnaire

Claimant Name:

Date of incident:

Type of claim:

*(Worker's Compensation - accepted, ongoing, etc).*

Nature of injury:

Place of incident:

How did the injury or illness happen?

Name of law firm representing your case and contact details (if any)

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## Compensation

Are you entitled to lodge a claim for Worker's Compensation, Motor Vehicle Person Injury Compensation, Criminal Injury Compensation, or other types of compensation?

Yes

No

*Fund benefits will not be paid for a claim made under any cover for expenses incurred in relation to a condition, ailment or injury where the member has received, or established a right to receive or foregone a right to receive, a payment by way of compensation in respect of that condition, ailment or injury.*

# Compensation/Accident Questionnaire



## Declaration

I authorise HIF to contact any relevant persons (including legal representatives) if additional information or supporting documentation is required to establish my eligibility for benefits. I declare that all the information given is true and correct.

Signature:

Date:

*Once you have completed the form, please email it to us at [claims@hif.com.au](mailto:claims@hif.com.au) or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847*

## Privacy Collection Statement

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at [hif.com.au/privacy](http://hif.com.au/privacy) which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call **1300 134 060**, email [privacyofficer@hif.com.au](mailto:privacyofficer@hif.com.au), or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.