



# JLT Sport Personal Injury Claim Form



## How to lodge a Personal Injury claim

1. Complete ALL sections of the Personal Injury Claim Form
  - o Your claim form may be returned if there is important information missing
  - o For assistance, please contact JLT Sport on (03) 9613 1455.
2. Send your completed claim form to **SLE – PO Box H308, Australia Square, NSW 1215** / [claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au) within 30 days from the date of injury.
  - o **Do not** wait until your treatments have concluded before you lodge your claim
  - o You should lodge your claim as soon as you are out of pocket
3. SLE will confirm receipt of your claim and provide you with a claim number, or contact you should they require further information

You can forward further Non-Medicare Medical receipts to SLE as your treatment continues (for up to 12 months from the date of injury).

## What should I send with my claim?

**Receipts** - If you have already undertaken treatments for your injury and incurred Non-Medicare Medical costs please submit your receipts to SLE.

**Retain a copy** - Please submit only original receipts to SLE. We recommend you retain a copy of all receipts and your Claim Form for your records.

**Private Health Insurance (if applicable)** – Please claim through your Private Health Fund first and then send SLE a copy of your Private Health rebate advice.

## Claimant's Details

Claimant's Name:

First Name

Surname

Postal Address:

Street Address

Suburb

State

Postcode

Occupation:

Contact Details:

Email Address

Mobile Phone Number

Personal Details:

/ /  
Date of Birth

☐ Male

☐ Female

/ /  
Date of Injury

AM / PM

Time of Injury

**Describe your injury and how it happened (please attached additional pages if required):**

## Private Health Cover:

☐ Yes ☐ No

If Yes, Private Health provider:

Member No:

### Private Health coverage

☐ Extras (inc. Dental, Physiotherapy)

☐ Hospital

☐ Ambulance

### Ambulance Membership

☐ Yes ☐ No

Ambulance member number:

## Payment Details

Payee details: ☐ Myself ☐ Other

To whom should we make payment?

Account Name

☐ EFT (Direct Deposit)

☐ Cheque

How would you like to receive payment?

BSB Number

Account Number

Complete ALL sections

Send within 30 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim

WHAT'S COVERED?

NON-MEDICARE EXAMPLES:

Ambulance

Physiotherapist

Dental

Private Hospital Accom.

Chiropractor

WHAT'S NOT COVERED?

MEDICARE EXAMPLES:

Doctor

Surgeon

Surgeon's Assistant

Anaesthetist

X-Rays

Public Hospitals

Send completed forms to:

SLE Claims Department

PO Box H308

Australia Square NSW 1215

Claims Enquiries:

[claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au)

[www.jltsport.com.au](http://www.jltsport.com.au)



# JLT Sport Personal Injury Claim Form



## Injury Research Data – All questions must be answered in order to lodge claim

### What was your role at the time of injury:

☐ Driver ☐ Trainer ☐ Stable Hand ☐ Mini Trotting ☐ NZ Trainer / Driver  
☐ Other: \_\_\_\_\_

### Specific location at time of injury:

☐ Stable ☐ Paddock ☐ On Track ☐ Parade Ring ☐ Marshalling Area

Name of track (if applicable): \_\_\_\_\_

☐ Other: \_\_\_\_\_

### Did the injury occur at:

☐ Home training track ☐ Public training track ☐ Race track

☐ Other: \_\_\_\_\_

### Nature of the incident:

☐ Fall / Slip / Trip ☐ Collision ☐ Horse kick ☐ Faulty equipment ☐ Race Fall

☐ Other: \_\_\_\_\_

### What protective equipment was worn at the time on injury:

☐ Not applicable ☐ None ☐ Helmet ☐ Safety vest

### Type of involvement at time of injury:

☐ Driving in a race ☐ Driving at training ☐ Washing / grooming / stabling a horse

☐ Track / stable maintenance ☐ Maintaining Equipment ☐ Loading / Unloading horse

### On what surface did the incident take place?

☐ Sand ☐ Grass ☐ Bare Dirt

☐ Concrete/Bitumen ☐ Gravel ☐ Other: \_\_\_\_\_

### What were the weather conditions at the time of injury? (tick more than one if appropriate)

☐ Fine ☐ Hot ☐ Cold ☐ Overcast

☐ Windy ☐ Light Rain ☐ Heavy Rain ☐ Humid

### Sulky Type:

☐ Not Applicable ☐ Advantage ☐ Aerolite ☐ Aussie Eclipse ☐ Challenge

☐ Easy Ride ☐ Evolution ☐ Razor ☐ Regal ☐ RIO

☐ Sprintwell ☐ Spyder ☐ Tsunami ☐ Vitesse ☐ Other: \_\_\_\_\_

## Claimant Declaration

By signing the declaration below, you confirm and agree to the following:

- The injury was sustained accidentally during a harness racing related activity and is not a pre-existing illness or condition.
- You have viewed, read and understood the Product Disclosure Statement (PDS) at [www.jltsport.com.au/harnessracing](http://www.jltsport.com.au/harnessracing)
- You understand that the Health Insurance Act 1973 (Cth) prohibits the Trustee and Insurer from reimbursing costs that are registered with Medicare (including the Medicare Gap).
- You acknowledge and agree to the information contained herein (including personal information) being shared with authorised members of JLT, the insurer, and the Claims Managers.
- You authorise any hospital, physician or other person who has attended to your injury, or any employer, to furnish SLE's representatives with any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatments, copies of all hospital or medical records and copies of employment records.
- You agree that a photocopy or electronic version of this authorisation shall be considered as effective and valid as the original.
- You declare that the forgoing particulars are true and accurate in every detail. You agree that if you have made, or shall make, in any further declaration regarding this injury, any false or fraudulent statements or suppress or conceal or falsely state any material whatsoever, the covers shall be void and all rights to recover there under for past or future injuries shall be forfeited.

You authorise any and all information regarding claims with any other insurer to be released to JLT's representatives

Claimants Signature

\_\_\_\_\_

Date

/ /

Complete ALL sections

Send within 30 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim



# JLT Sport Personal Injury Claim Form



## Weekly Benefits (Loss of Income)

Do you wish to claim Loss of Income Benefits? ☐ Yes ☐ No If NO, proceed to Physicians Report

Can you claim compensation from any other policy that includes loss of income benefits (such as Workers Compensation)? ☐ Yes ☐ No

Have you ever made previous claims in respect to a personal injury insurance policy or plan? ☐ Yes ☐ No

Have you engaged in any other income earning employment since you became injured? ☐ Yes ☐ No

Complete ALL sections  
Send within 30 Days  
Don't wait for treatment  
Retain copies of all receipts  
Retain a copy of your claim

## To be completed by the claimant's employer (or accountant / State Controlling Body if self employed)

Claimant's Name:  First Name  Surname

Employer/Business/Accountant:  Employer/Company/Accountant Name  Contact Person

Postal Address:  Street Address  State  Postcode

Contact Details:  Email Address  Phone (Bus. Hours)  Mobile

Employment Status: ☐ Full Time ☐ Part Time ☐ Casual ☐ Self Employed

Employment Details:  \$  \$  /  /  
Employee's NET weekly salary Employee's GROSS week salary Date Employee commenced with company.  
If Self-Employed or Casual, please provide average weekly salary based on 12 month period directly prior to injury.  
Please supply a copy of your most recent income statement from your state's controlling body.

Injury Details:  /  /  /  /  
Date employee ceased work Date expected to resume duties

Returned to Work: ☐ Yes ☐ No  /  /  
Has the Employee returned to work? If YES, what date did the Employee return?

Salary Received: ☐ Yes  \$  If YES, what for? ☐ No  
During the period of incapacity, has the employee received a salary? If Yes, how much and what for?

Sick Leave: ☐ Yes ☐ No from  /  / to  /  /

Annual Leave: ☐ Yes ☐ No from  /  / to  /  /

Other: ☐ Yes ☐ No from  /  / to  /  /

Net of business expenses, personal deductions and income tax; excludes bonuses, commissions and all other allowances.

## Employer's Declaration:

By signing the declaration below, you confirm and agree to the following:

- A. You are the Claimant's current employer (or accountant / State Controlling Body if the claimant is self-employed),
- B. After reasonable inquiry, you confirm the employment and salary details supplied herein are true and accurate,
- C. You will supply upon request any further information as required for the determination of this claim.

Employer's Signature:

\* Accountant's signature (if claimant is self-employed)

Date:



# JLT Sport Personal Injury Claim Form



## Physician's Report:

This section must be completed (in full) by your attending physician.  
*An attending physician includes a general practitioner, physiotherapist, chiropractor or dentist.*

**THIS SECTION MUST BE COMPLETED WITHOUT EXPENSE TO JLT SPORT / SLE**

Claimant's Name:

First Name

Surname

Physician's Details:

Physician's Name

Phone Number

Injury Consultation:

/ /

/ /

Date of Injury

Date of Consultation

Diagnosis/History of injury:

Injury Location:

☐ Ankle

☐ Arm

☐ Dental

☐ Facial

☐ Foot

☐ Hand

☐ Head

☐ Internal

☐ Knee

☐ Lower Leg

☐ Shoulder

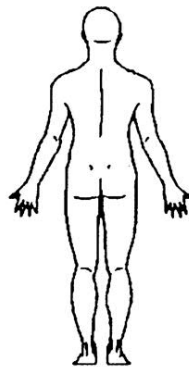
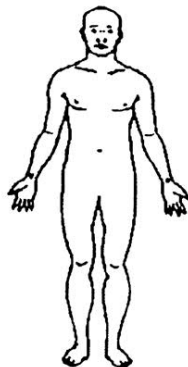
☐ Spinal

☐ Torso

☐ Upper Leg

☐ Eye

Please mark (x) the anatomical location below:



Injury Type:

☐ Amputation

☐ Bruising

☐ Concussion

☐ Cut

☐ Death

☐ Dental

☐ Dislocation

☐ Fracture/Break

☐ Rupture

☐ Sprain

☐ Strain

☐ Fatigue/Debilitation

First Medical Treatment:

/ /

Date of treatment

Name of attending physician

Do you consider the Claimant's injury to be a NEW injury?

☐ Yes

☐ No

Do you consider the Claimant's injury to a recurrence of a previous injury?

☐ Yes

☐ No

If YES, please provide details and a description:

Does the Claimant have any congenital defects or chronic diseases?

☐ Yes

☐ No

If YES, please provide details and a description (dates, name of treating doctor, etc):

Complete ALL sections

Send within 30 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim



# JLT Sport Personal Injury Claim Form



## Physician's Report (continued)

Have you referred the patient to any other services or treatment?

☐ Yes

☐ No

If YES, please provide details below:

Physiotherapy: ☐ Yes ☐ No

If YES, approx. number of treatments required.

Chiropractics: ☐ Yes ☐ No

If YES, approx. number of treatments required.

Surgery: ☐ Yes ☐ No

If YES, please provide details

Other: ☐ Yes ☐ No

If YES, please provide details

Has the Claimant been able to do any work since the injury occurred?

☐ Yes

☐ No

If YES, please provide details

What date do you advise the Claimant to return to participating in Harness Racing?

/ /

## Physician's Declaration:

By signing the declaration below, you confirm and agree to the following:

- A. You have examined the Claimant's injury as described on this form;
- B. You declare that all information provided by you and supplied herein is true and accurate.

Physician's Signature:

Date:

/ /

## LOSS OF INCOME CLAIMS ONLY

*The following Incapacity to Work Statement must be completed by a qualified Medical Practitioner (i.e. General Practitioner, Surgeon or a Specialist). It will not be accepted if completed by a Physiotherapist, Chiropractor, etc.*

## Incapacity To Work Statement:

I, \_\_\_\_\_ examined \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Practitioner's Name

Claimant's Name

Date of examination

In my opinion, this person is/has been unfit to work from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ inclusive.

First day of incapacity

Last day of incapacity

Please provide any further comments in regard to your assessment of the injury/condition?

By signing the declaration below, you confirm and agree to the following:

- A. You have examined the Claimant's injury as described on this form;
- B. You declare that all information provided by you and supplied herein is true and accurate.

Medical Practitioner's Signature:

Date:

/ /

Complete ALL sections  
Send within 30 Days  
Don't wait for treatment  
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Retain a copy of your claim



# JLT Sport Personal Injury Claim Form



## Who should use this claim form?

You should complete this form if:

- ☒ **Insured** - You are a licensed trainer, driver and stable hand registered with Harness Racing Victoria (inc mini trotting); and
- ☒ **Injured** - You sustained an accidental injury during the Policy Period whilst actually participating in a sanctioned harness racing-related event/activity; and
- ☒ **Non-Medicare/Loss of Income** - You are likely to incur or have incurred medical costs that are not listed on the Medicare Benefits Scheme and/or have incurred time off work due to your injury.

*Before completing this form, ensure you are familiar with the Product Disclosure Statement (PDS) available from Harness Racing Victoria or JLT Sport.*

## What is covered?

The Harness Racing Victoria Insurance Programme's Personal Injury cover provides some reimbursement for Non-Medicare Medical costs and/or Loss of Income cover for 12 months from the date of injury.

Cover for non-related harness income is limited to 8 weeks.

Commonwealth Legislation prevents reimbursement of Medicare costs including the Medicare Gap. Non-Medicare Medical Benefits are covered up to the limits outlined on the Summary document contained on the Harness Racing Victoria's website.

*Please refer to Harness Racing Victoria or JLT Sport for the Product Disclosure Statement (PDS).*

## What are my levels of cover?

Various levels of cover are in place for the HRV Group Scheme (licensed trainers, drivers & stable hands), mini trotting club participants, mini trotting club volunteers and New Zealand drivers and trainers. Please see the Summary Document on the Harness Racing Victoria website for details.

## What is NOT covered?

The following examples demonstrate some areas not covered by the Personal Injury cover:

- ☒ Medicare items (see below);
- ☒ the Medicare Gap (see below);
- ☒ Injuries sustained whilst participating against medical advice.

*Please refer to Harness Racing Victoria or JLT Sport for the Product Disclosure Statement (PDS) for further details.*

## What does "Non-Medicare" mean?

Medicare is a Commonwealth Government programme that provides free or subsidised treatment from medical professionals such as doctors and specialists. The Medicare Benefits Scheme (MBS) lists the items that are eligible for a Medicare rebate.

Sometimes, your doctor or specialist may charge more than the Medicare rebate, which may leave you with out-of-pocket expenses. This is commonly called the "Medicare Gap".

Section 126 of The Health Insurance Act 1973 (Cth) does not permit the Insurer to reimburse any part of a Medicare Item (this includes the Medicare Gap).

This means that if your treatment is listed on the Medicare Benefits Scheme, it is not claimable through the Harness Racing Victoria Insurance Programme. For further information about Medicare please visit [www.health.gov.au](http://www.health.gov.au) or [www.medicare.gov.au](http://www.medicare.gov.au)

*Please note: some Private Health Funds may offer Medicare Gap Insurance Cover. JLT Sport is not a Private Health Fund, nor do we offer Private Health Insurance.*

Complete ALL sections

Send within 30 Days

Don't wait for treatment

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# JLT Sport Personal Injury Claim Form



## Claims Conditions:

Written notice containing full particulars of your injury (as per this Claim Form) must be submitted to SLE Claims Department within 30 days from the date of injury.

Cover is only for expenses relating to treatment that occurs within 12 calendar months from the date of injury.

All certificates and evidence required by **SLE Claims Department** must be provided by you upon request and at your expense (if applicable).

## Who is JLT Sport?

JLT Sport is the appointed broker for the Harness Racing Victoria Insurance Programme. As a division of Jardine Lloyd Thompson Pty Ltd, JLT Sport is Australia's leading provider of insurance and risk protection for the sport, recreation and fitness industries

## Privacy:

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- 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 JLT products or services. If you are proposing for or renewing insurance, 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 JLT related Group companies. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- By providing the information requested in the attached document, you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.
- 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 consent.

For further information contact your JLT Client Risk Adviser or the JLT Privacy Officer:

Jardine Lloyd Thompson Pty Ltd, Level 37, 225 George Street, SYDNEY NSW 2000 Telephone: (02) 9290 8000

Complete ALL sections

Send within 30 Days

Don't wait for treatment

Retain copies of all receipts

Retain a copy of your claim