

Please complete and provide as much information as possible on this form. All information provided will assist in processing your claim.

Once completed, return form to:

**Allianz Care Australia**  
**OSHC Claims Locked Bag**  
**3001 Toowong QLD 4066**  
**Australia**

**Email us at:**  
**oshcclaims@allianzcare.com.au**

### Policy Holder Details (must complete this section)

Family name (Surname):			
Given name:			
Policy number:		Claim number (if known):	
Email address:			
Daytime contact number:		Mobile:	

### General Details (must complete this section)

Date of accident: / /	Time of accident: <input type="checkbox"/> am <input type="checkbox"/> pm	Location of accident (exact physical address):
Do you have medical or travel insurance in your home country?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following details	
	Name of Insurer:	
	Cover Type:	
	Your Policy No:	
Did the Police attend the scene?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following details	
	Police Officer's Name:	
	Police Officer's Contact Details:	
	Police Report No:	
Have you sought legal representation?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following details	
	Solicitor Name:	
	Contact number:	
	Email address:	

We provide assistance in legal services, please contact our OSHC 24 hour helpline on **1800 814 781**

## Type of Accident (must complete this section)

To help us understand the nature of the accident please select the most relevant type of accident and provide accident details. This will assist us in your claim process. If your case does not apply to the first three categories, please select General Accident.

1. Sporting Accident    2. Work Accident    3. Motor Vehicle Accident    4. General Accident

### Sporting Accident

Describe how the accident occurred:

Were you playing as a registered member of a sporting team/club?

Please tick:  Yes    No   If YES, please provide the following details

Name of team/club:

Contact name of team/club:

Email address:

Day time contact number:

Insurance details of club:

Insurance policy number:

### Work Accident

Describe the circumstances of your accident in detail:

Provide the name and address of your employer:

Employer business name:

Employer name:

Day time contact number:

Email address:

Have you lodged a Workers compensation claim?

Please tick:  Yes    No   If YES, please provide the following details

Insurance company name:

Policy number:

Claim number:

### Motor Vehicle Accident

Describe the circumstances of the accident in detail:

Who was at fault in respect of the accident? How was that person at fault?

Provide details of all parties involved	<b>Your vehicle details</b> Vehicle registration number:
	Driver's full name:
	Vehicle insurer name:
	Policy number:
	<b>Other vehicle details:</b> Vehicle registration number:
	Driver's full name:
	Vehicle insurer name:
	Policy number:
Have you lodged a claim through Compulsory Third Party (CTP) Insurance?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following details
	Insurance company name:
	Policy number:
	Claim number:
Provide contact details of all Witnesses	Name:
	Day time telephone number:
	Email address:
	Name:
	Day time telephone number:
	Email address:
<b>General Accident</b>	
Describe the circumstances of the accident in detail: (What, When, Where, Who, How)	
Who was at fault in respect of the accident? How was that person at fault?	

## Privacy Notice

Your privacy: Your privacy is important to us. To arrange, offer, and provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) and for the purposes set out below, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Global Assistance', collect, store, use, process, and disclose your personal information including sensitive information such as medical information in accordance with the requirements of privacy laws. For full details of our privacy policy, please visit our website at [www.allianz-assistance.com.au](http://www.allianz-assistance.com.au) and click on the Privacy & Security link.

When we collect your personal information, we are responsible for ensuring it is processed and protected in accordance with applicable privacy laws such as the Privacy Act 1988 (C'th), and sometimes European Law such as the GDPR where our activities fall within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, your medical information, passport details, and bank account details. We also collect information through devices such as 'cookies' when you visit our website or use our mobile apps, in order to improve our website functionality and user experience.

Data Collection: We usually collect your personal information directly from you but sometimes from others depending upon the circumstances and the product involved. For example, to quote, arrange, or provide our health insurance products and services, we may collect your personal information from you, your agents, our agents, your broker, other insurers, universities and learning institutions, Government departments managing Immigration, health, and foreign affairs including for visa purposes, family members including your partner or spouse, travelling companions, as well as from doctors, hospitals, and other health service providers if you require medical assistance. We may collect your personal information from our business partners and agents whom you may have approached or who distribute or help provide or arrange our products and services.

Purposes & Uses: We use your personal information to arrange, offer, and provide our products and services (or those we may offer or provide to you on behalf of our business partners) and to manage your and our rights and obligations in connection with any products and services you have inquired about or acquired. For instance, we use it to assess, process, and investigate health insurance claims, and to liaise with Government Departments such as immigration, health, and foreign affairs where it relates to your cover or your application for private health insurance cover. We may also use it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT and related systems maintenance and development, recovery against third parties, fraud investigations, to comply with requests from regulatory bodies and government departments, and for other purposes with your consent or where permitted by law. We do not sell your personal information to any other person or entity for marketing purposes.

Disclosures & overseas transfers: Your personal information may be disclosed to your family members, co-insured on the same policy, your spouse or partner, as well as to third parties who assist us to carry out the activities set out in the 'Purposes & Uses' paragraph above, such as claims management providers, our agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, overseas data processing and 'cloud' storage providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer or sponsor, insurance reference bodies, and our related entities in the Allianz group of companies including Allianz Partners. Some of these third parties to whom your personal information may be disclosed and transferred, will be located in other countries including in Europe, the UK and Ireland, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to Government Departments that manage immigration, health, and foreign affairs, as well as to regulatory bodies including those involved in the health insurance industry. We also disclose and transfer your personal information to our private health insurer that underwrites your policy, namely Peoplcare Health Limited, which is a registered private health insurer, ABN 95 087 648 753. When we disclose or transfer your personal information to third parties, we take steps binding those entities to comply with privacy law.

Marketing: We may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, and business partners that we or they consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Other individuals/dependents: Except where you have legal authority to provide personal information on behalf of another, such as in your capacity as a parent or legal guardian, when you provide personal information to us about another individual on your policy such as your spouse, partner, family member, dependent, or adult children, we rely on you and you warrant to us that you have first obtained that individual's consent, and have made them aware of the matters set out in this Privacy Notice.

Access to and correction of personal information: You may also seek access to your personal information (or that of another on your policy where you are authorised to do so) and ask us to correct or update it, and to obtain details about our data processing activities in respect of your personal information. You may have further rights in respect of your personal information where the GDPR law applies, and depending upon the circumstances, you may request a restriction on processing, request it be deleted, and to receive it in a portable form, amongst other things.

Withdrawal of consent: Where your personal information is used or processed with your specific consent as the sole basis for such use and processing (rather than on a contractual basis or legitimate interests of the company), you may withdraw your consent at any time. Just contact us as set out below.

Contact us: If you wish to make a complaint about your data privacy, or have a request for access or correction, or any query about your personal information, please contact: The Privacy Officer, Allianz Global Assistance, PO Box 162, Toowong, QLD 4066, or email [DataPrivacyAU@allianzassistance.com.au](mailto:DataPrivacyAU@allianzassistance.com.au) or phone us on +61 7 3305 7000.

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001 if you have a complaint.

Without your agreement to the matters set out above, we may not be able to provide you with our products or services including the assessment and payment of any claims. [version: 7 Feb 2020]