Overseas Student
Health Cover

Allianz
Global Assistance

OSHC Accident Information Form

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 Global Assistance
OSHC Claims Locked Bag 3001
Toowong QLD 4066
Australia

Email us at:
oshcclaims@allianz-assistance.com.au

Privacy Notice

The personal information that you provide is collected for the purpose of issuing you with OSHC, determining any claims you may make on this policy (including complying with regulatory requirements in relation to OSHC) and for ancillary purposes as set out in our Privacy Policy. By providing your personal information, you agree and consent to our Privacy Policy which is available on request or view it on the web at http://www.allianz-assistance.com.au/privacy-and-security/.

For example, in the course of providing our services, assessing claims, and carrying out our business activities, your personal information (including personal information of others named on your Certificate of Insurance) can be disclosed to education providers, health fund providers, underwriters and insurers including Peoplecare Health Limited, marketing and service provider intermediaries, government departments including the Department of Home Affairs, medical practitioners, hospitals, and other medical service providers, claims assessors, investigators, our related and group companies including Allianz , and other international assistance and service providers with whom we engage. To provide our services, we may transfer your personal information overseas. You also agree to allow us to disclose details of your OSHC and other personal information received from any healthcare provider who provides you with treatment for the purposes set out in this Privacy Notice. We do not disclose your medical information for marketing purposes.

If you would like to gain access to or correct any of your personal information, please contact Allianz Global Assistance at personalinformation@allianz-assistance.com.au If you do not agree with our Privacy Policy, you must inform us as we may not be able to provide our services to you including assessment of your claim.

Policy Holder Details (must complete this section)			
Your Family name (Surname):			
Your Given name:			
Your Policy number:		Claim Number (if known):	
Your email address:			
Daytime contact number:		Mobile:	

General Details (must complete this section)		
Date of accident: / /	Time of accident: ☐ am ☐ pm	Location of accident (exact physical address):
Do you have medical or travel insurance in your home country?	Please tick: ☐ Yes ☐ No If YES, please provide the following details	
	Name of Insurer:	
	Cover Type:	
	Your Policy No:	
Did the Police attend the scene?	Please tick: ☐ Yes ☐ 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: ☐ Yes ☐ 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	**Your Vehicle details** Vehicle registration number:
	Driver's full name:
	Vehicle insurer name:
	Policy number:
	Other vehicle details: 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: ☐ Yes ☐ 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:

General Accident

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?