

The Claim lodgment process is set out below– For Injuries which occur AFTER the 31 October 2015.

1. Personal Injury Claim Form –

- Please complete, noting:
 - The Policy Holder is The University of Melbourne
 - The name of Broker is “Aon Risk Services (Melbourne)”
 - “You” are the “The Claimant”
 - Only Record “GST” details – “ if “you are registered for GST
 - The Medical Practitioner’s Statement should only be completed by a qualified Doctor (It will be up to ACE Insurance, as to whether they require you to see a Medical Practitioner.)
- Where applicable, you need to attach:
 - If claiming for Weekly Benefits – provide Proof of Income (Salary)
 - Receipts for Non-Medicare Medical Expenses & corresponding Private Health Fund Benefit Statements

2. INCIDENT REPORT Form

- Refer Page(s) 2 and 3 of this document.
- This Form needs to be completed by your University Club / representative – to verify the occurrence of your injury – at the particular place and time when you were injured.

OR Melbourne University Sport – CLUB LETTER (If this is easier to obtain.)

- This Letter needs to be completed on the Club’s Original “Letterhead” –
- To confirm that you were a registered participant in their officially organized sports competition or training event – at the particular place and time when you were injured.

3. Written (Email / Letter) Confirmation from Melbourne University Sport (Administration) # –

- To confirm that you were a “paid-up” and “financial” – Melbourne University Sport – Registered Club Member – on the actual date that you were injured.
- To obtain this verification from – the Melbourne University Sport representative – your MUS Club
 - Is required to provide confirmation of their membership data (in an Excel or Hard-copy format) – OR –
 - a Statutory Declaration.

[# “MUS” contacts: Andrew Walker / Clubs & Sports Coordinator / e: walker.a1@unimelb.edu.au
Phone: (03) 8344 3945 / OR Thomas Lutwyche Phone: (03) 8344 3945.]

4. Claim Lodgment – DIRECT to Corporate Services Network (“CSN”) – who act for our Insurer, “ACE”.

- Please collate, with a brief covering letter, your Claim Form & UoM Incident Report
- & Supporting Documents (including Tax Invoices & Receipts) –
- AFTER first claiming against your own Private Health Insurance Fund, (if applicable).

- ▶ 1. First – SEND BY EMAIL – TO: claims@csnet.com.au
- ▶ 2. Second – EMAIL COPY – TO: ins-office@unimelb.edu.au
- ▶ 3. Third – POST ALL ORIGINAL Documents to

Corporate Services Network (CSN)
Level 2, 280 George Street
SYDNEY NSW 2000. Australia.

Ph: + 61 2 8256 1780 / Fax: + 61 2 8256 1775 / Email: claims@csnet.com.au

- Please ensure that you retain a copy of all your documentation, for safe-keeping and note the following details:
- The coverage provided – is similar to Private Health Insurance
- As it covers “hospital” and “ancillary” (for example, physiotherapy) expenses –
- but excludes any medical expenses with a “Medicare Item No” (such as the surgeon’s fee, or an x-ray) –
- and is only available AFTER you have first claimed against your own Private Health Insurance cover (where applicable).
- “CSN” will deduct the applicable \$100 excess (once only) from their first payment – to your nominated Bank Account;
- The deduction of this excess is only deducted once, per injury, irrespective as to the number of expenses incurred.
- Contact: claims@csnet.com.au – or the University Insurance Office at: ins-office@unimelb.edu.au, if you have any queries.

INCIDENT REPORT (S3) FORM

For personnel without access to Themis

Incident reporter: complete sections 1-3 and return to supervisor. **Data entry staff:** enter sections 1-3 into Themis. Complete section 4.

Supervisor: complete section 5, plus an Incident investigation (S4) form, OR acknowledge incident in Themis. **Help:** <http://safety.unimelb.edu.au/tools/incident/>

This information will be stored and used only in accordance with the University's Privacy Policy: <http://www.unimelb.edu.au/unisec/privacy/privacypolicy.html>.

1. Incident reporting person details – Person reporting the incident to complete

Nature of report	<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Incident/Near miss	<input type="checkbox"/> Environmental damage	<input type="checkbox"/> Property loss/damage	<input type="checkbox"/> Theft
Name of person reporting incident				Date of report	<input type="text"/>

INJURED PERSON'S DETAILS (ONLY COMPLETE IF REPORTING AN INJURY OR ILLNESS)

First name	<input type="text"/>	Date of birth	<input type="text"/>
Last name	<input type="text"/>		
Other names	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email address	<input type="text"/>		Telephone No. <input type="text"/>
Classification	<input type="checkbox"/> Employee	Occupation	<input type="text"/>
		Employee No.	<input type="text"/>
		Faculty/Division	<input type="text"/>
		Department	<input type="text"/>
	<input type="checkbox"/> Contractor	Employer	<input type="text"/>
		Contact details	<input type="text"/>
	<input type="checkbox"/> Student	Faculty of enrolment	<input type="text"/>
		Student No.	<input type="text"/>
		Supervisor name (postgraduates only)	<input type="text"/>
	<input type="checkbox"/> Visitor/Honorary		
Experience in task being performed	< 1 month <input type="checkbox"/> 1 - 12 months <input type="checkbox"/> 1 - 5 years <input type="checkbox"/> > 5 years <input type="checkbox"/> Not applicable <input type="checkbox"/>		
Training in task being performed	None <input type="checkbox"/> Induction <input type="checkbox"/> Internal task-specific <input type="checkbox"/> External task-specific <input type="checkbox"/>		

2. Witness details – Person reporting the incident to complete

First Name	<input type="text"/>	Telephone Number	<input type="text"/>
Last Name	<input type="text"/>	Staff/Student Number	<input type="text"/>

3.1. Incident details – Person reporting the incident to complete

Date of incident	<input type="text"/>	Time of incident	<input type="text"/> : <input type="text"/> am/pm
Campus	<input type="text"/>	Specific location	<input type="text"/>
Did the incident involve plant, equipment or an object? Specify	<input type="text"/>		
Did the incident involve chemicals or substances? Specify	<input type="text"/>		
Describe the incident	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Please turn over...

3.2. Incident Details (continued) – Person reporting the incident to complete

Nature of injury, illness or symptom	Asthma or other respiratory illness	<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
	Bruise, contusion or crushing injury	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Sensory loss	<input type="checkbox"/>
	Dermatitis or other skin conditions	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Sprain/Strain	<input type="checkbox"/>
	Effects of exposure to the elements	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Superficial injury	<input type="checkbox"/>
	Foreign matter intrusion	<input type="checkbox"/>	Electric shock	<input type="checkbox"/>	Other (specify)	
	Needlestick or sharp injury	<input type="checkbox"/>	Fracture	<input type="checkbox"/>		
	Poisoning or effects of substances	<input type="checkbox"/>	Internal injury	<input type="checkbox"/>		

Location of injury, illness or symptom	Ear	<input type="checkbox"/>	Hand or finger	<input type="checkbox"/>	Back	<input type="checkbox"/>	Multiple locations	<input type="checkbox"/>
	Eye	<input type="checkbox"/>	Internal organs	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
	Face	<input type="checkbox"/>	Feet or toes	<input type="checkbox"/>	Shoulder or arm	<input type="checkbox"/>	Other (specify)	
	Head(not eye/ear/face)	<input type="checkbox"/>	Hip or leg	<input type="checkbox"/>	Trunk	<input type="checkbox"/>		

How did the injury, illness or symptom occur?	Select the action		Specify the object		Select the action		Specify the object	
		<input type="checkbox"/>				<input type="checkbox"/>		
<i>For example:</i> Exposure to <input checked="" type="checkbox"/> a chemical Contact with <input checked="" type="checkbox"/> electricity Bite from <input checked="" type="checkbox"/> an animal Fall from <input checked="" type="checkbox"/> same level	Bite from	<input type="checkbox"/>		Hitting	<input type="checkbox"/>			
	Contact with	<input type="checkbox"/>		Muscular stress from	<input type="checkbox"/>			
	Exposure to	<input type="checkbox"/>		Trapped between	<input type="checkbox"/>			
	Fall from	<input type="checkbox"/>		Trapped by	<input type="checkbox"/>			
	Hit by	<input type="checkbox"/>		Vehicle Accident	<input type="checkbox"/>			
	Other (specify)							

Name of injured persons' supervisor:

(The incident report will be sent to the above person.)

Signature of injured person	<input type="text"/>	Date	<input type="text"/>
Signature of person reporting incident	<input type="text"/>	Date	<input type="text"/>

4. Entry of data from this form into Themis Themis Incident Report confirmation number:

Entered into Themis by (name): Date:

5. Immediate response – Supervisor to complete (not required if Sections 1–3 have been entered into Themis)

Treatment given to injured person by: Nil First aider General practitioner Hospital (Casualty) Hospital (In-patient)

Did any University employee injured as a result of the incident take time off work? No Yes --> *If Yes, inform Injury Management office*

Immediate actions taken to prevent or reduce risk of re-occurrence

¹ Elimination Control ² Substitution Control ³ Engineering Control ⁴ Administrative Control ⁵ Personal Protective Equipment

Detail the actions

• Supervisor must use an Incident Investigation (IS4) form to assess the level of risk and establish planned/permanent corrective actions.

Name of supervisor	<input type="text"/>	Date	<input type="text"/>
Signature of supervisor	<input type="text"/>	Date	<input type="text"/>

The University of Melbourne / Melbourne University Sport
Personal Accident Insurance – Summary: ALL Categories
Period: 31 October 2015 – 2016.



Insurer:	ACE Insurance Limited	Policy Number:	02.PO.012009
Policy	15.PDS.ACE.GPA.01	Geographical	Worldwide

Summary of Benefits below – which cannot be changed during the Policy Period – is provided for information only. It is not a substitute for the complete record of cover which is outlined in the ACE Insurance Ltd - Policy Wording & Product Disclosure Statement: 15.PDS.ACE.GPA.01.

Covered Persons / Categories:	1	The University of Melbourne, its servants, agents, employees and governing body, honorary research fellows and all affiliated bodies including colleges, halls of residence, unions, clubs, society, foundations, centres and institutes affiliated to and/or operating within the framework of the institution and formed by/or with the consent of the institution and any corporation wholly or majority owned or controlled by the institution.
	2	Full and/or part time students (including post graduates) who are members of the Policyholder's organisation.
	3	Affiliated member of Melbourne University Sport.
	4	Non University of Melbourne students who reside at University of Melbourne colleges and participate in University of Melbourne affiliated clubs/ competitions.

Scope of Cover (Categories 1 to 4):	Cover under the Policy applies for 24 hours per day, whilst on the business of the Policyholder, including direct travel to and from such activities.
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Table of Benefits – Per Person: ALL Categories

PART A – LUMP SUM BENEFITS		Covered Person	Benefit
– Event 1 -	Accidental Death	1, 2, 3, 4	\$100,000
– Events 2 -19		1, 2, 3, 4	\$100,000
PART B – BODILY INJURY – RESULTING IN SURGERY – BENEFITS			
– Events 20 - 24	Part B - Injury Resulting in Surgery (Outside of Australia)	1, 2, 3, 4	\$ 2,000
PART B – WEEKLY BENEFITS – BODILY INJURY			
– Events 25 -26	Part B - Injury Benefits 104 weeks, 85% of salary, 7 day	1	\$ 400
	Part B - Injury Benefits 104 weeks, 85% of salary, 7 day	2	\$ 300
	Part B - Injury Benefits 104 weeks, 85% of salary, 14 day	3, 4	\$ 200
PART C – WEEKLY BENEFITS – SICKNESS			
– Events 27 - 28	Part C - Sickness Resulting in Surgery (Outside of Australia)	1, 2, 3, 4	Not Insured
PART C – SICKNESS RESULTING IN SURGERY – BENEFITS			
– Events 29 - 32	Part C - Weekly Sickness Benefits	1, 2, 3, 4	Not Insured
PART D – FRACTURED BONES – LUMP SUM BENEFITS			
– Events 33 - 41	Part D - Injury Resulting in Fractured Bones	1, 2, 3, 4	Not Insured
PART E – LOSS OF TEETH OR DENTAL PROCEDURES – LUMP SUM BENEFITS			
– Events 42 - 43	Part E - Injury Resulting in Loss of teeth or Dental procedures	1, 2	\$ 2,500
		3, 4	\$ 1,500

ENDORSEMENTS

NON-MEDICARE MEDICAL EXPENSES:

If during the Period of Insurance and whilst the person is a Covered Person providing services, without payment, to an educational, religious, charitable or benevolent organization on behalf of the Policyholder, the Covered Person suffers from a Bodily Injury, We will pay the Non-Medicare Medical Expenses incurred for: **Category 1** – up to a maximum of \$10,000.]
Categories 2 & 3 – up to a maximum of \$ 6,000.]
Category 4 – up to a maximum of \$ 4,000.] **A \$ 100 Excess is Deducted (once) by Insurer's First Claim Payment only.**

DEFINITIONS UNDER NON-MEDICARE MEDICAL EXPENSES

Non-Medicare Medical Expenses means expenses:

- (a) incurred within twelve (12) months of sustaining a **Bodily Injury**; and
(b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments: **o Medical o Surgical o X-ray o Chiropractor o Osteopathic o Physiotherapy o Hospital o Nursing Treatment** but does not include dental treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the **Bodily Injury** referred to in (a) above.

CONDITIONS APPLYING TO NON-MEDICARE MEDICAL EXPENSES

- The benefit payable is less any recovery made from any private health insurance fund with respect to the expense.
- No benefit is payable in respect of the Medicare gap, being the difference between the payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

EXCLUSIONS APPLYING TO NON-MEDICARE MEDICAL EXPENSES

- No cover is provided for Covered Persons engaging in voluntary work experience with the Policyholder (except to the extent that they are engaged in providing services, without payment, to an educational, religious, charitable or benevolent organisation on behalf of the Policyholder).