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

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/unimelb/privacy/privacy_policy.html.

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

Nature of report Injury/Illness □ Incident/Near miss □ Environmental damage □ Property loss/damage □ Theft □
Name of person reporting incident __________________________ Date of report __/__/___

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

First name __________________________ Last name __________________________ Date of birth __/__/___
Other names __________________________ Gender Male □ Female □
Email address __________________________ Telephone No. __________________________

Classification Employee □ Contractor □ Student □ Visitor/Honorary □
Occupation __________________________ Department __________________________
Employer __________________________
Contact details __________________________
Faculty of enrolment __________________________ Student No. __________________________
Supervisor name (postgraduates only) __________________________

Experience in task being performed < 1 month □ 1–12 months □ 1–5 years □ > 5 years □ Not applicable □
Training in task being performed None □ Induction □ Internal task-specific □ External task-specific □

2. Witness details — Person reporting the incident to complete

First Name __________________________ Telephone Number __________________________
Last Name __________________________ Staff/Student Number __________________________

3. Incident details — Person reporting the incident to complete

Date of incident __/__/___ Time of incident : __/__/___ am/pm
Campus __________________________ Specific location __________________________
Did the incident involve plant, equipment or an object? Specify __________________________
Did the incident involve chemicals or substances? Specify __________________________
Describe the incident __________________________

Please turn over...
### 3.2. Incident Details (continued) — Person reporting the incident to complete

<table>
<thead>
<tr>
<th>Nature of injury, illness or symptom</th>
<th>Asthma or other respiratory illness</th>
<th>Amputation</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bruise, contusion or crushing injury</td>
<td>Burn</td>
<td>Sensory loss</td>
</tr>
<tr>
<td></td>
<td>Dermatitis or other skin conditions</td>
<td>Concussion</td>
<td>Sprain/Strain</td>
</tr>
<tr>
<td></td>
<td>Effects of exposure to the elements</td>
<td>Dislocation</td>
<td>Superficial injury</td>
</tr>
<tr>
<td></td>
<td>Foreign matter intrusion</td>
<td>Electric shock</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needlestick or sharp injury</td>
<td>Fracture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poisoning or effects of substances</td>
<td>Internal injury</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of injury, illness or symptom</th>
<th>Ear</th>
<th>Hand or finger</th>
<th>Back</th>
<th>Multiple locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eye</td>
<td>Internal organs</td>
<td>Neck</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Face</td>
<td>Feet or toes</td>
<td>Shoulder or arm</td>
<td>Other (specify)</td>
</tr>
<tr>
<td></td>
<td>Head or eye/ear/face</td>
<td>Hip or leg</td>
<td>Trunk</td>
<td></td>
</tr>
</tbody>
</table>

### How did the injury, illness or symptom occur?

- **Select the action**
  - Bite from
  - Contact with
  - Exposure to
  - Fall from
  - Hit by
  - Other (specify)

- **Specify the object**
  - a chemical
  - electricity
  - an animal
  - same level
  - Muscular stress from:
  - Trapped between
  - Trapped by
  - Vehicle Accident

### Name of injured persons' supervisor

(Enter name here)

(incident report will be sent to the above person)

### Signature of injured person

Date: [ ]

### Signature of person reporting incident

Date: [ ]

### 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

- **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 (S4I) form to assess the level of risk and establish planned/permanent corrective actions.*

**Name of supervisor**

[ ]

**Signature of supervisor**

[ ]

Date: [ ]
The University of Melbourne / Melbourne University Sport
Personal Accident Insurance – Summary: ALL Categories

<table>
<thead>
<tr>
<th>Insurer:</th>
<th>ACE Insurance Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>15.PDS.ACE.GPA.01</td>
</tr>
<tr>
<td>Geographical</td>
<td>Worldwide</td>
</tr>
<tr>
<td>Policy Number</td>
<td>02.PO.012009</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Table of Benefits – Per Person: ALL Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Person</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Accidental Death</td>
</tr>
<tr>
<td>Events 2 - 19</td>
</tr>
<tr>
<td>Events 20 - 24</td>
</tr>
<tr>
<td>Events 25 - 26</td>
</tr>
<tr>
<td>Events 27 - 28</td>
</tr>
<tr>
<td>Events 29 - 32</td>
</tr>
<tr>
<td>Events 33 - 41</td>
</tr>
<tr>
<td>Events 42 - 43</td>
</tr>
<tr>
<td>Events 44 - 53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENDORSEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-MEDICARE MEDICAL EXPENSES:</td>
</tr>
<tr>
<td>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 organisation 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 &amp; 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFINITIONS UNDER NON-MEDICARE MEDICAL EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare Medical Expenses means expenses:</td>
</tr>
<tr>
<td>(a) incurred within twelve (12) months of sustaining a Bodily Injury; and</td>
</tr>
<tr>
<td>(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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDITIONS APPLYING TO NON-MEDICARE MEDICAL EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The benefit payable is less any recovery made from any private health insurance fund with respect to the expense.</td>
</tr>
<tr>
<td>2. 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXCLUSIONS APPLYING TO NON-MEDICARE MEDICAL EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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).</td>
</tr>
</tbody>
</table>