



## SECTION B: Accident and injury details *continued*

b. Do you intend to claim Workers' Compensation?

Yes  No - give reasons (*eg self employed*)

Insurer details and address

Postcode

Insurer details and address

### 6. Damages/Compensation (*eg public liability*)

Do you intend to claim damages from any other party?

Yes  No - give reasons

### 5. Third Party insurance (*to be completed if a motor accident*)

a. Name of driver of your vehicle (*if applicable*)

b. Name of owner of your vehicle (*if applicable*)

c. Was another vehicle involved?

Yes  No

d. Name and address of the negligent party

e. Do you intend to claim against the Third Party?

Yes  No - give reasons

TAC/CTP claim number

### 7. Are you being represented by a lawyer or any other party in relation to this claim?

Yes - give details  No

Surname

First name

Address

Postcode

Phone number (*including area code*)

Email address

## SECTION C: Declaration

I understand that Bupa might require more information before processing my claim. I authorise Bupa to contact any necessary persons including insurance companies if additional information is required (including providing medical reports) to establish my eligibility for Benefits.

I understand that Bupa may pay a Benefit if: the customer/dependant is entitled to claim damages/compensation, the customer/dependant agrees to pursue the claim, and the customer/dependant signs an Acknowledgement and Undertaking agreeing to pursue legal action and to repay Treatment expenses paid by Bupa in the event of the claim for compensation/damages, however described, being successful.

I understand that a Benefit is not payable if: the customer/dependant refuses to pursue a claim without adequate cause or the customer/dependant has been successful in a claim for compensation or damages and has received a settlement including payments by way of ex-gratia and/or non-disclosed settlement. Any Benefits paid in these circumstances must be refunded to Bupa.

Policyholder's signature

Date

Witnessed by

Date

D D M M Y Y

D D M M Y Y

## Just before you send

Check that you have signed all the signature boxes relevant to your application, including the declaration above.  
**PLEASE DO NOT STAPLE.**

Please mail your application to:

**Compensation and Damages  
Private and Confidential  
Reply Paid 3382  
SYDNEY NSW 2001**

If you would like any assistance, please call us on **134 135**.

Bupa Australia Pty Ltd ABN 81 000 057 590

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