AIG

This form must be accompanied by an Attending Physicians Statement, which can be obtained by telephoning any of our offices listed.

Full name of Policyhold	ler			Policy Number	
To be completed by Policyholder Are you registered for GST purposes? Yes No					
If YES, what is your Au	stralia Busine	ess Number (ABN)			
	Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance premium for this policy? Yes No				
If YES, what percentage of GST did you claim or are you entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)					
Name Please P	int		Signature		
Position/Title Please P	int				
Company Please P	int				
Date /	/				
Insured Person's Full N					
Street Address and Pos					
Telephone (including c	rea code)	Home	Busine	ss	
Email Address				Date of Birth / /	
Height			Weight	Sex	
Occupation prior to disablement					
Describe usual duties					
Describe the injury or sickness for which you are claiming					
					_
On what date did your sickness commence or injury occur? / /					

If injury, what were you doing at the time?									
lave you ever s		similo	ar sickness c	or injury in the p	past?	? Yes No			
yes, give detai	ls.								
/hen did you fi	rst consult	a da	octor for the	condition for w	which	you are claiming	? (Date & Time)	
/	/	at		:		am 📃 pm			
/hen did you b	ecome tot	ally c	disabled (und	ible to work)? (D	Date 8	& Time)			
/	/	at		•		am 📃 pm			
still totally disc	bled, whe	en do	you expect	to return to wo	ork? ((Date & Time)			
/	/	at		:		am 📃 pm			
you have retur	ned to wo	ork, w	vhen were yo	ou able to agai	in pe	erform:			
art of your occu	upational o	dutie	s? (Date & Tir	me)					
/	/	at		:		am 📃 pm			
ll of your occup	pational d	uties	? (Date & Tim	e)					
/	/	at		:		am 📃 pm			
Give details of a	ul attandin	a nh		l bospitals attor	ndod	1			
Name		ig pri		Address	nueu			Teler	ohone
								[]
								[]
								[]
/ho is your usu	al doctor?								
Name				Address			Telephone		
								[]
ave you ever la	-						No		
so, give details	s. Insurer/			lo/Policy No/D					
nsurer		Add	ress			Claim No	Policy No		Details
re you making Workers Cor		_		npensation cla ent Benefits		n respect of this di Notor Accident Lav		annuc	ation or Life Insurance
Other									
o you have pri	vate healt	h ine	urance?	Yes No					
yes, please pro					over.				
, 55, picase pic									

Information Authority and Warranty

١,

hereby authorise any hospital, physician or other person who has attended me, or my employer or my accountant to furnish AIG or its representatives with:

- (i) All copy hospital and medical reports/notes;
- (ii) All copy employment records and income tax returns; and
- (iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

I agree that a photostat copy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that AIG relies upon the truthfulness of the particulars supplied by me in respect of the claim.

Privacy Consent:

I consent to AIG:

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process your claim.)
- (b) Disclosing my personal information to related entities of AIG, their staff members located outside Australia, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the AIG privacy policy statement, including information about access, may be obtained by writing to: The Privacy Manager, AIG, GPO Box 4363, Melbourne VIC 3001, or by downloading from AIG website www.aig.com.au

Name	Please Print	Signature
Date	/ /	

If Self Employed					
What are your average weekly earnings, ne	\$				
Do you operate as a Propriety Limited Company? Yes No					
Do you or your Company pay a Workers Compensation Levy? 📃 Yes 📃 No					
What is your business trading name?					
Address					
Telephone No.	[]	Commenced Trading	/ /		
Please submit documentation to validate earnings.					

If employed as a wage earner, the following is to be completed by your Employer.

I hereby certify that				
became incapacitated	on / / and is *expected to/did resume	duties on / / .		
*His/her average weekly salary (excluding bonuses, commissions, overtime payments and other allowances) for the 12 months				
prior to the injury or sickness was \$ per week.				
During the period of in	capacity he/she received			
\$	Normal Pay - from / to:			
\$	Sick Pay - from / to:			
\$	Workers Compensation - from / to:			
\$	Other (Please specify) - from / to:			
*He/she has been employed since: / /				
Name of Company				
Address				
Signature of Supervisor	or Paymaster Signature			
Name of Supervisor or	Paymaster Please Print			
Telephone No.		Date / /		
* Delete whichever is not applicable				

If claiming under a Sports Injury Insurance Policy, the following is to be completed by the Club Secretary/Treasurer.

I certify that	was injured on / /
whilst playing	Grade with the club.
Name of Club	
Secretary/Treasurer's Na	me
Address	
Telephone No.	
Signature	Signature
Date	/ / Witness

If claiming under a Student Accident Policy, the following is to be completed by the Registrar/Principal or Student Union.

I certify that	was injured on / /				
during the following school/university organised activity:					
Name of School/Unive	rsity				
Telephone No.					
Address					
-	Connection				
Signature	Signature				
Print Name	Please Print Position/Title				
Date	/ / Witness				

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



Bring on tomorrow

 Head Office

 Sydney
 Level 19, 2 Park Street Sydney NSW 2000 Australia

 GPO Box 9933 Sydney NSW 2001 Australia

 Melbourne
 GPO Box 9933 Melbourne VIC 3001 Australia

 Brisbane
 GPO Box 9933 Brisbane QLD 4001 Australia

 Perth
 GPO Box 9933 Perth WA 6848 Australia

Australia wide

T 1300 030 886 F 1300 634 940 International T +61 3 9522 4000 F +61 3 9522 4645

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PRIVACY POLICY

1. WE RESPECT YOUR PRIVACY

The Risk Management Service of the Seventh day Adventist Church in the South Pacific Division respects your right to privacy. This policy sets out how we collect and treat your personal information. "Personal information" is information we hold which is identifiable as being about you. Essentially, when we talk about personal information, we mean information or an opinion about an individual where you can tell or reasonably work out who the information or opinion is about.

2. WHAT PERSONAL INFORMATION WE COLLECT

We will only collect information from you that is relevant to our organisation and which could include the following types of personal information:

• Communications

between us

information

• Email address

• Family details

• Travel details

• Organisation details

Computer IP

address

• Credit card

- Name
- Address
- Phone number
- Date of Birth
- Fax number
- Information about the goods or services you have ordered
- Information from enquiries you have made

We will notify you about information received additional to the information that is currently notified. (APP5)

$\mathbf{3}.$ How we collect and hold your PERSONAL INFORMATION

We collect personal information from you in a variety of ways, including: when we ask you for information, you interact with us electronically or in person; when you access our website; and when we provide our services to you. You can generally visit our website without revealing who you are or other personal information. Where reasonably possible, personal information is only collected when you knowingly provide it. For example, we may need to collect such information to provide you with information or a service you have requested

If we receive unsolicited personal information not contained in a Commonwealth record and not able to be lawfully solicited, we will destroy or de-identify the information. (APP4)

Our purpose for collecting personal information should be clear when we collect it. If you are uncertain, please contact us.

4. USE OF YOUR PERSONAL INFORMATION

We use your information to provide our service to you and to perform our functions and activities. We generally only use or disclose your personal information to:

- 1. Help us to improve our website and services:
- 2. Supply you with goods, services or information you have requested;
- 3. Tell you about any new developments, offers or events we think may interest you;
- 4. Other organisations that provide services to us, such as telecommunications companies, event organisers, IT contractors (such as website developers and hosts), lawyers, accountants, financiers, insurers, brokers and promotions companies in connection with the provision of our services to you; and
- 5. Meet any legal requirements.

We may use technology to keep track of which sections of our website you visit for internal purposes, including helping us improve our website and other services. We also use it to improve our service and to notify you of opportunities that we think you might be interested in

We do not provide your information to third parties, except that we may provide your information to our church entities who assist us in the provision of our services to you.

5. DISCLOSURE OF YOUR PERSONAL INFORMATION OVERSEAS

RMS will only disclose personal information throughout the South Pacific Division (SPD) and General Conference in United States of America where directly necessary to perform its services outlined above. RMS will not otherwise disclose any personal information that has been collected unless:

- Express consent is given by the individual affected; or
- Disclosure is required by law.

The South Pacific Division includes the countries of:

- American Samoa
- Australia • Cook Islands
- Fiji Islands
- French Polynesia • Kiribati
- New Caledonia

It should be noted that any information posted on bulletin boards or communicated in chat areas becomes public information. While we strive to protect and respect your privacy, we cannot guarantee the security of any information you disclose in a chat room or bulletin board and you take full responsibility for the disclosure of such material.

6. SECURITY OF YOUR PERSONAL INFORMATION

We will take reasonable steps to protect your personal information to keep it secure from misuse, unauthorised access, modification or disclosure, and to keep it accurate, complete and up to date. If we no longer require your personal information, we will take reasonable steps to destroy or de-identify it. However, we cannot guarantee the security of information you may transmit to us. We do not take responsibility for the security of information that is outside our control such as when it is sent by post, courier, facsimile or over the Internet and are not liable for any unauthorised access to this information.

7. ACCESS TO YOUR PERSONAL INFORMATION

Please contact us if you would like to access personal information we hold about you. We will give you access unless we are allowed or required by law to refuse it.

We may ask you to pay our reasonable costs of providing access.

The Service will provide details of personal information it holds to the individual to whom that information relates as required by National Privacy Principles or Australian Privacy Principles (as applicable) and make corrections when required. Circumstances where information will not be provided include:

 The information relates to existing or anticipated legal proceedings between the

organisation and the individual, and the information would not be accessible by the process of discovery in those proceedings; or

- Providing access would reveal the intentions of the organisation in relation to negotiations with the individual in such a way as to prejudice those negotiations; or
- Providing access would be unlawful; or
- Providing access would be likely to prejudice an investigation of possible unlawful activity; or
- Other circumstances as allowed for by National Privacy Principle 6 or Australian Privacy Principles (as applicable) apply.

If you believe personal information we hold about you is inaccurate or incomplete, please advise us. We will generally take reasonable steps to correct your personal information where inaccuracies are identified. In certain circumstances, we may refuse to give access to your personal information or amend it. Usually we will explain why and, in the case of an amendment, make a note that you have disputed the accuracy or completeness of particular information.

8. COMPLAINTS ABOUT PRIVACY

We take complaints very seriously and will respond as soon as possible after receiving written notice of your complaint. If you do have any complaints about our privacy practices, please feel free to send in details of your complaints to:

- Risk Management Service Locked Bag 2014 Wahroonga NSW 2076 Australia
- Phone + 61 2 9847 3375
- Fax + 61 2 9489 7428
- rms.org.au/general/contact-us

9. CHANGES

Please be aware that we may review or change this Privacy Policy to implement practices, procedures and systems from time to time to keep up with regulatory, technical and organisational change. The revised versions will be uploaded onto our website, so please visit our website regularly to keep up to date with any changes.

10. WEBSITE

When you visit our website

When you come on to our website we may collect certain information such as browser type, operating system, website visited immediately before coming to our site, etc. This information is used in an aggregated manner to analyse how people use our site, such that we can improve our service. rms.org.au/index Cookies

As is very common for companies, we use cookies on our website. Cookies are very small files which a website uses to identify you when you come back to the site and to store details about your use of the site. Cookies are not malicious programs that access or damage your computer. We use cookies to improve the experience of people using our website

Third party sites

Our site has links to other websites not owned or controlled by us. We are not responsible for these sites or the consequences of you going on to those sites.

- Tuvalu • Vanuatu
- Samoa Solomon Islands
 - Tonga
- New Zealand
- Niue Island • Papua New Guinea