DIVE INJURY CLAIM FORM

Australian Members Only

DAN Group Insurance Number:

The provision of this form by AIG is not an admission of liability or acceptance by AIG of your claim.

Member's Statement

1. Primary DAN AP Member's Name:

2. DAN AP Member Number:

_ _ _____

3. Claimant's Relationship to Primary DAN AP Member *(tick one):*

☐ Self ☐ Spouse ☐ Child

4. Claimant's DAN AP Insurance Plan:

☐ Master ☐ Preferred

5. Claimant's date of birth:

____ / ____ / _____

6. Claimant's name:

Surname: _____

First name: _____

Middle Initial: _____

As a subsidiary of a US company AIG Australia Limited ("AIG") is required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen? ☐ Yes ☐ No

If Yes, then please supply your Social Security Number: _____

7. Claimant's home address:

Street: _____

City: _____ State: _____

P/Code: _____ Country: _____

Tel (daytime): _____ Email: _____

ALL CLAIMS MUST BE: 'COVERED' IN-WATER DIVING OR SNORKELLING ACCIDENTS

8. Where did the accident occur (Location)?

9. Date of accident:

___ / ___ / ____

10. Describe the situation which caused the injury: (NOTE: For diving incidents you must also include details of all dives in previous 72 hours with max. depths, times, stops & surface intervals. Also include what decompression guide was being used, eg. what tables or dive computer) *Use extra pages if needed and attach these.*

11. Describe the signs and symptoms of your injury and the first aid that was provided, if any.

12. Is this claim the result of a work or research-related illness or injury? *(tick one)*

☐ Yes

☐ No

13. Insured's Employer details *(if accident work-related)*

Employer: _____

Street: _____

City: _____ State: _____

P/Code: _____ Country: _____

13. What was the max. depth during dive (series): _____ **metres.**

14. Breathing gas used: ☐ Air ☐ Other, please specify _____

_____

15. Diving qualification(s) _____

16. When was a doctor first seen for this injury?

Date: ___ / ___ / ____ Doctor: _____

Other Insurer(s) Information

17. In addition to the DAN Group Insurance are you entitled to health or medical insurance benefits via: *(tick 'Yes' or 'No' for all questions)*

Health, medical or dental insurance	☐ Yes	☐ No	Travel Insurance	☐Yes	☐ No
Medicare	☐ Yes	☐ No	Accident Insurance	☐Yes	☐ No
Any Statutory Insurance	☐ Yes	☐ No			

18. If 'Yes' circled, please provide the full name and address of the insurance companies.

19. Have you, or will you submit a claim against any other party for damages as a result of the accident or injury described in this form?

☐ Yes ☐ No If Yes, please provide details:

Electronic Funds Transfer (EFT) Details

20. EFT Details

Name account is held in: _____

BSB: _____ Account number: _____

Financial Institution: _____ Branch: _____

Authorisation to obtain information and Privacy Consent

21. Information Authority and Warranty

I, 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.
(iv) The completion of all documentation and forms as required by my Insurer.

I agree that a 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.

Signed	Date
	/ /

22. Privacy Notice

AIG collects personal information from you, your agents and people involved in the claims process to assist in investigating or processing claims. This may include insured and third parties claiming under an insurance policy, witnesses or people employed by you, or your company.

AIG may request or disclose your information to or from:

- AIG related entities, reinsurers, contractors or third party providers providing services related to the administration and investigation of a claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks a recovery related to the claim; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

As AIG is a Global company some of these entities may be located overseas, including in United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

On completion of determination of your claim your information will be destroyed in accordance with the AIG Document Destruction Policy or as required by the Privacy Act 1988, or any other State or Commonwealth Legislation that exists at that time.

Signed	Date
	/ /

Please send the completed form and medical bills to:

DIVERS ALERT NETWORK
Asia-Pacific Ltd
ABN 67 066 827 129
PO BOX 384
ASHBURTON VIC 3147
AUSTRALIA