HEALTHIER, LONGER, BETTER LIVES

AIA Health Insurance

MEDICAL CONDITION AND ACCIDENT FORM

Please use black pen and print upper case.
Avoid contact with the edge of the box. A B C D

AIA Health has received information from you or your health care provider that a claim you recently lodged may be for treatment that you received as a result of an accident.

You may be entitled to compensation for that accident, so to assess your claim correctly, please complete this form providing AIA Health with all relevant information.

Patient information

Member number

Patient name

Date of birth / /

Details of condition (this must be completed)

Describe how the condition or accident occurred

Details of accident (if applicable)

Place of accident

Date of accident / /

Time of accident

Details of claim

1. Did this accident or injury occur whilst at work or travelling to or from work? Yes No
   If yes, have you or will you lodge a claim with your employer/workers compensation? Yes No
   If self-employed, provide full name of business

   ABN
2. Did this accident/injury occur when travelling in a vehicle or on public transport? Yes No
   If yes, have you or will you lodge a claim with a motor vehicle accident compensation scheme or third party? Yes No
3. Was this accident/injury the result of negligence or violence by another person? Yes No
   If yes, do you intend to pursue a Common Law Personal Injuries claim or Criminal Injuries Compensation? Yes No
4. Have you received a Common Law, Third Party or Workers Compensation settlement in regard to this accident? Yes No
   If yes, name of solicitor or other third party

   Telephone *(include area code)*

   Name of insurance company involved

Continued on next page

Member declaration

I declare that the information on this form is true and correct. I authorise AIA Health to check any of these services with the relevant providers and authorise AIA Health to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature of member

Date

☐☐/☐☐/☐☐

Please return your completed and signed form to AIA Health via email: health.claims@aia.com.au or post: AIA Health, PO Box 7302, Melbourne VIC 3004