

## HOW TO CLAIM GUIDE - PERSONAL ACCIDENT INSURANCE CLAIMS

This guide describes what you can expect when making a claim, and what we will expect from you.

To make a claim, please take the following steps:

**STEP 1** – Refer to your sporting or community association’s Policy Schedule and PDS for the benefits and claims conditions that apply to the policy of insurance.

If you’re unsure of what you can claim for, you can contact us by calling the SLE Claims Hotline – 1800 002 676 or by emailing us at [claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au)

**STEP 2** – Obtain a claim form to begin the claim process. You can do this by either:

- Requesting and completing a claim form. A claim form can be obtained via either of the following two methods:
  1. Calling the SLE Claims Hotline – 1800 002 676 or calling your sports or community association’s Insurance Broker (contact details will be found in the insurance documentation that was provided by your sporting or community association);
  2. Contact SLE via email to [claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au)
- Depending on which sporting association you belong to, you may be able to log into our online claim lodgement portal. Please contact us to find out if this option is available to you.

### **STEP 3**

Complete the claim form by providing as much information as possible and submit this by following the instructions provided in the claim form, or by emailing the form to: [claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au)

If you are submitting a claim online, please ensure that you have completed any additional forms and uploaded them to your claim before completing your online submission.

It is important that you fully complete any requested claim forms and submit them to us without delay after your injury occurs – failure to complete and return all requested forms promptly and efficiently may affect our ability to assess your claim.

### **STEP 4**

Once your claim is submitted, we will respond to you by acknowledging receipt of your claim, and assigning a claims officer to review your claim. You will be contacted shortly thereafter by your claims officer within **10 business days** to confirm our initial assessment of your claim.

If further information is needed to make a decision about any aspect of your claim, we will tell you any information we need to make the decision within **10 business days**. We will tell you about the progress of your claim at least every **20 business days**, and we will respond to your routine enquiries about your claim’s progress within **10 business days**.

### **Important points to remember about your insurance claim:**

- You must follow medical advice from a registered medical practitioner as soon as possible after sustaining an injury;
- In the event of an injury you should notify your club or community association as soon as possible, describing the occurrence;
- At our expense, you must undergo any independent medical examination we reasonably require in relation to your claim;
- At your expense you must provide us with information about the claim we reasonably ask for. This includes:
  - Your completed claim forms;
  - Letters and notices you receive from anyone else about your injury and/or treatment;
  - Documents to substantiate your pre-injury earnings (where relevant to the claim);
  - Proof of any expenses you wish to claim (including all relevant Medical doctors' referrals for treatment, itemised receipts for payment of expenses, and medical certificates that relate to your claim)
- It is important that you monitor the progress of your claim by reading all notices we give you about your claim. These will be sent to your last known address (including if it is an electronic or e-mail address). If you change your address, please make sure you tell us as soon as possible.
- If you have a complaint about anything to do with how we handle your claim, then you may make a complaint to us through our complaints process – please see our website under 'Help and Support' for more information on our Compliments, Complaints and Dispute Resolution Policy.

### **WHAT CAN AFFECT YOUR CLAIM**

We will reduce the amount of a claim by any deferral period shown in the policy terms and conditions or in the Policy Schedule.

We will also apply any limits and sub-limits to, and deduct any excesses from, your claim where they are shown in the Policy Schedule or the terms and conditions of the insurance policy.

We may be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent, or
- Any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefits under the policy of insurance.

### **IMPORTANT NOTE REGARDING MEDICARE**

SLE does not provide cover for any expense that Medicare covers either in part or full. This is because Government legislation (including The Health Insurance Act 1973) prohibits SLE from covering expenses claimable from Medicare, including the balance of monies due or payable by you after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the "Medicare Gap").

If you would like to enquire about making a claim, you can contact us by calling the SLE Claims Hotline – 1800 002 676 or by emailing us at [claimsenquiries@sleworldwide.com.au](mailto:claimsenquiries@sleworldwide.com.au)