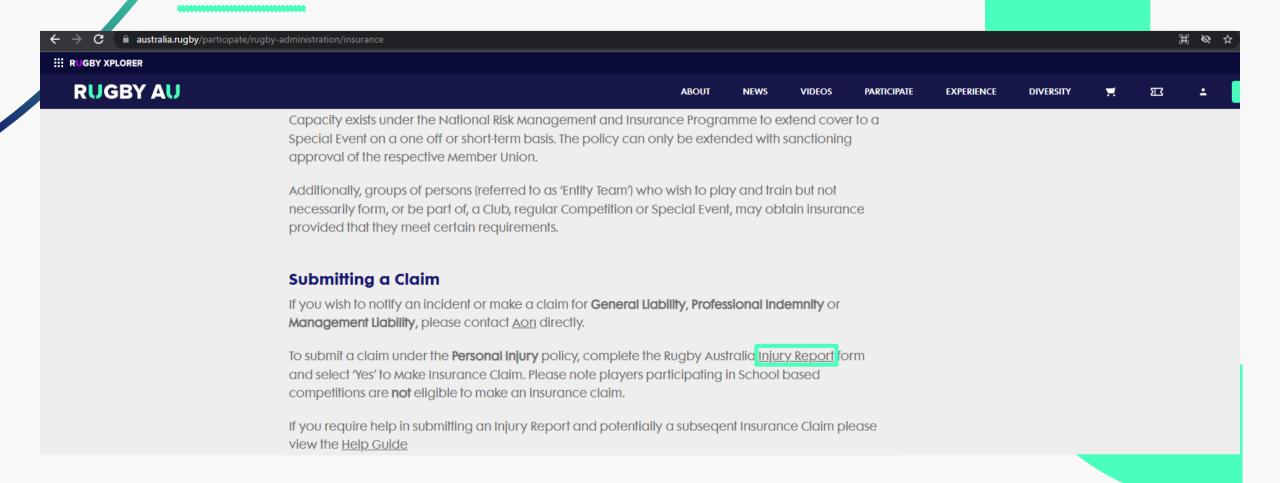
# Injury Reports and Insurance Claims

Help Guide

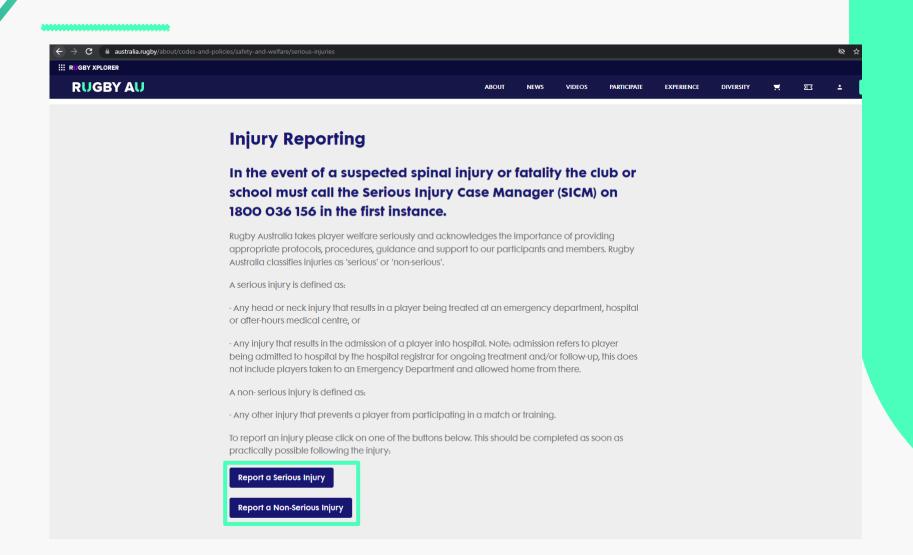
# Part 1

Submitting a **Serious** or **Non-Serious** Injury Report

Go to <a href="https://australia.rugby/participate/rugby-administration/insurance">https://australia.rugby/participate/rugby-administration/insurance</a> scroll down to **'Submitting a claim'** title and click **'Injury Report'** 

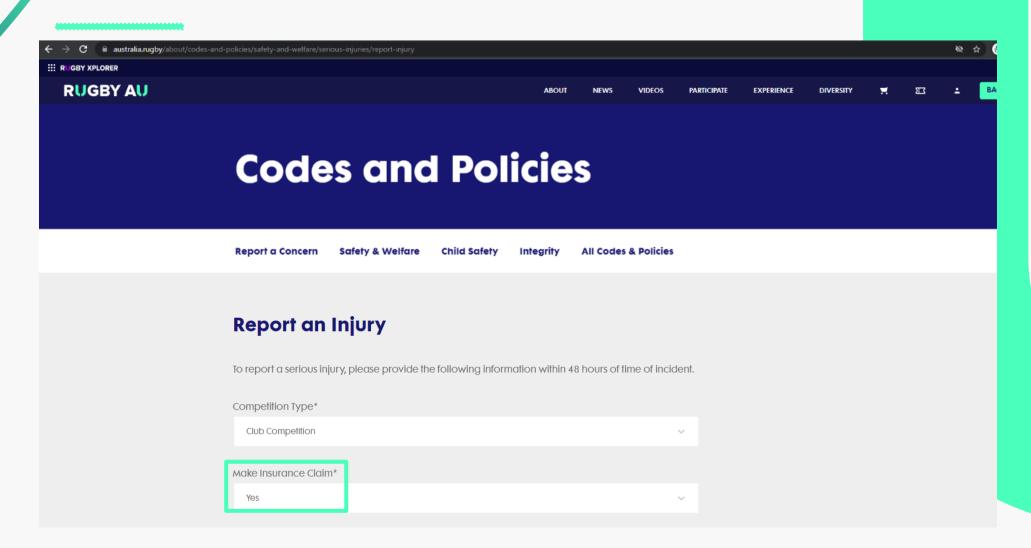


Click on the 'Report a Serious Injury' box
Or
Click on the 'Report a Non-Serious Injury' box
NOTE — check the definitions between Serious and Non-Serious injuries

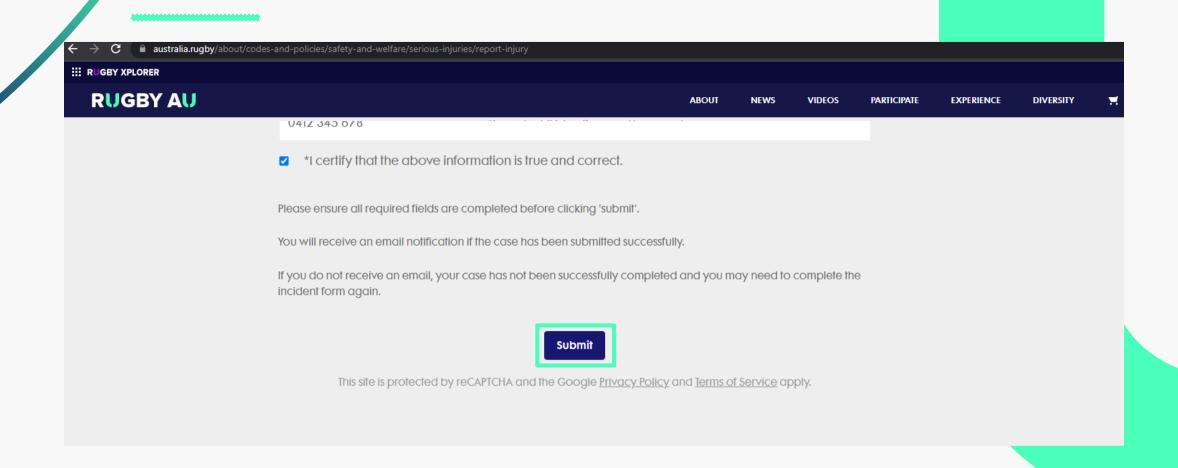


You can submit a Serious/Non-Serious Injury without an insurance claim if you wish.

However, if you plan to claim on the RA Insurance Program, Select 'Yes' under the 'Make an Insurance Claim' question.



Complete the required information then click 'Submit'.



You will then receive an email from noreply@rugby.com.au — which includes a copy of the details submitted in the report, and instructions on how to proceed with an Insurance Claim (if desired).

**NOTE** – this email is received by both the person submitting the injury report, and the injured player.

Subject

Thank you for submitting the Rugby AU Injury Report



#### Thank you for submitting the Rugby AU Injury Report.

Below is a copy of the report which has been submitted to Rugby Australia.

If you wish to make an Insurance Claim under the Rugby Australia Insurance Program, please follow this link https://sle.secure.force.com/raclaim

NOTE - you will need your "Player Name" and "Case Number" as they appear below.

Kind regards. Rugby Australia

#### INJURY REPORT SUBMITTED:

Case number: 00008701 Date created: 1/06/2022

Submitted by: Firstname Testcase - TEST CASE

#### PLAYER DETAILS

Competition Type: Club Competition Club/School: The Rugby Club Player Name: Firstname Testcase

Birth Date: 1/01/2000 MyRugby ID: 12345678

# Part 2

Making an Insurance Claim

After clicking the link in your email <a href="https://sle.secure.force.com/raclaim">https://sle.secure.force.com/raclaim</a>
Enter the 'Player Name' and 'Case Number' exactly as they appear in the email you received.

Then click 'Continue'

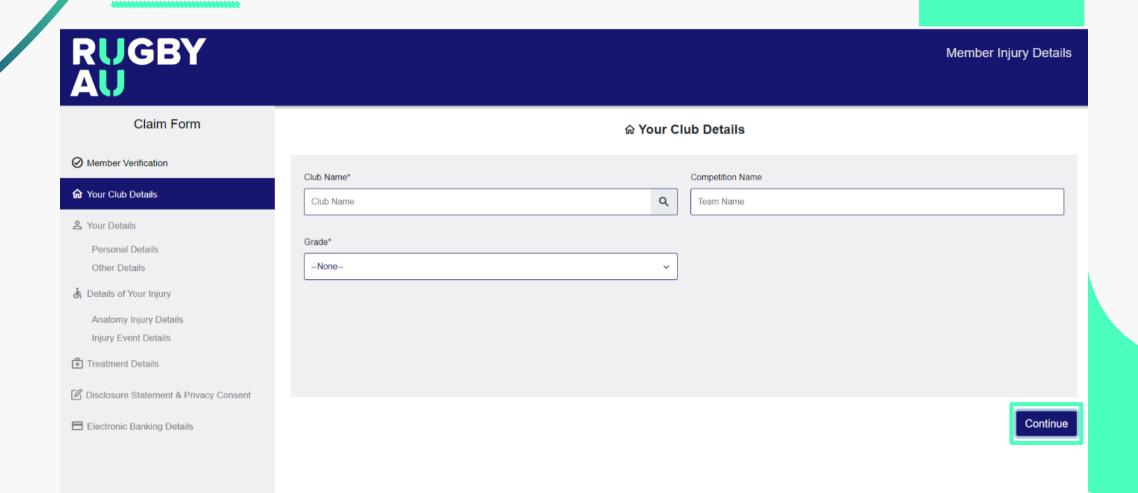


Member Injury Details

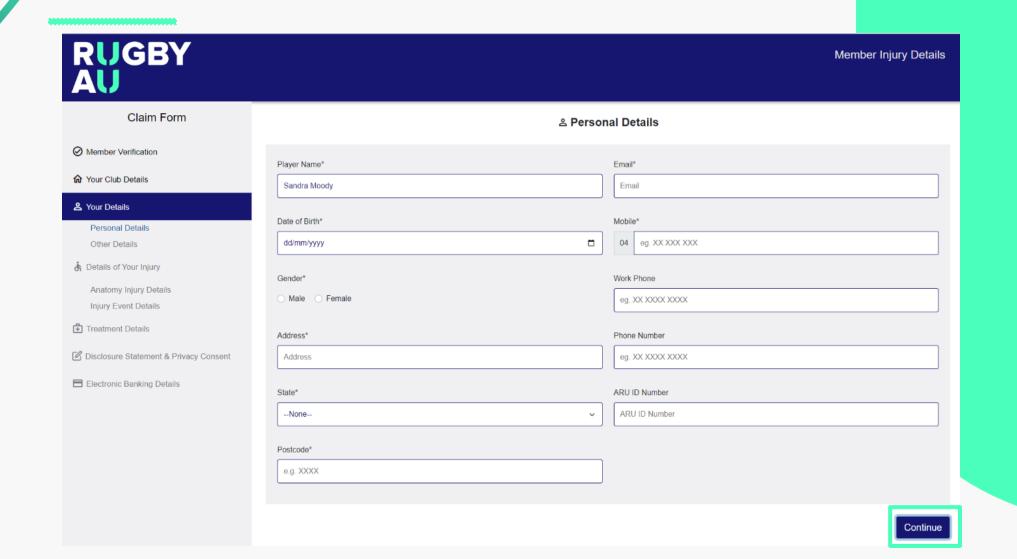
Continue

#### Claim Form Member Verification For verification purposes, please enter your "Player Name" and "Case Number" exactly as they appear in your RA Injury Report. ♠ Your Club Details Player Name\* Case Number\* Your Details Personal Details Other Details di Details of Your Injury Anatomy Injury Details Injury Event Details Treatment Details Disclosure Statement & Privacy Consent ■ Electronic Banking Details

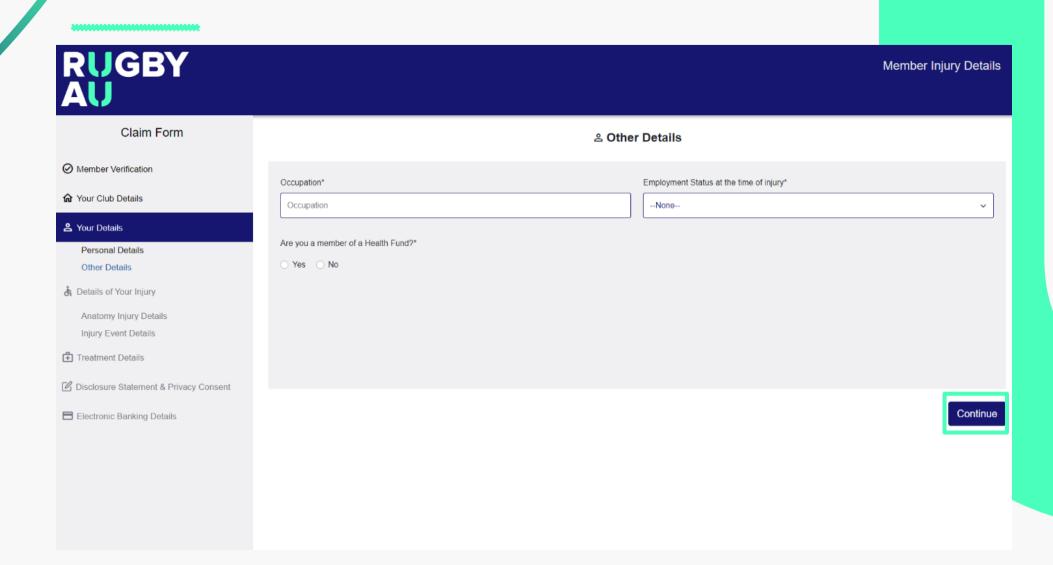
Enter your 'Club Name', 'Competition Name' and 'Grade'
Then click 'Continue'.



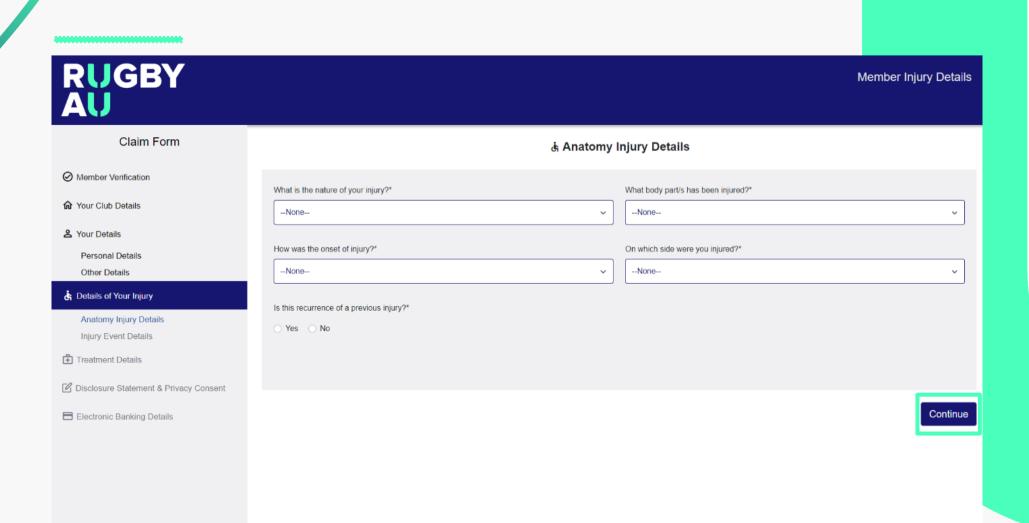
## Enter your relevant 'Personal Details'



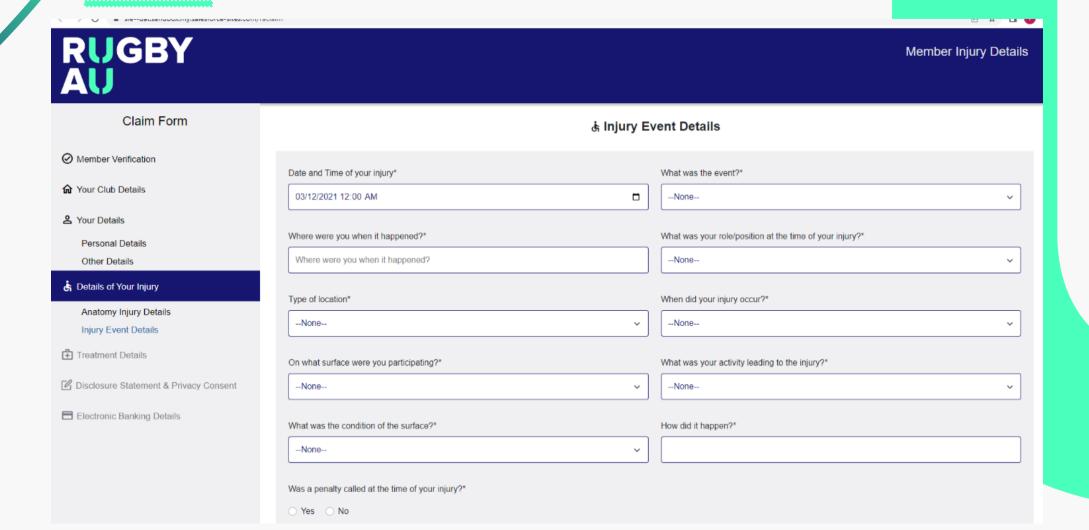
Enter your 'Occupation', 'Employment Status' and 'Private Health Fund' details



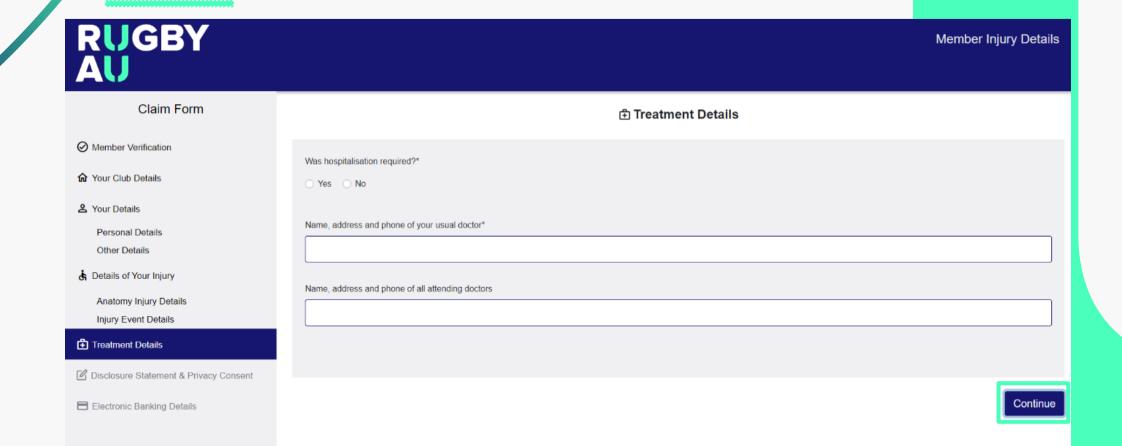
Enter the 'Anatomy Injury Details'



Enter the 'Injury Event Details'



#### Enter the 'Treatment Details'



Check the 'Agreement' checkbox and enter 'Your Name' and 'Relationship to the injured person'

Then click 'Continue'

# RUGBY AU

Member Injury Details

# Claim Form Member Verification ♠ Your Club Details Your Details Personal Details Other Details · to your employer: d Details of Your Injury Anatomy Injury Details Injury Event Details Treatment Details Disclosure Statement & Privacy Consent Electronic Banking Details

#### Disclosure Statement & Privacy Consent

SLE Worldwide Australia Pty Ltd are committed to protecting the privacy of the personal information you provide to us. We will use the personal information requested on this form to enable us to consider your claim. We may also need to collect additional information in connection with your claim from the Health Insurance Commission, any hospital, physician or other person who has or will be attending you and your past or present employer/s. We may also need to collect additional information from claims investigators or surveillance officers if your claim is investigated by us. If you do not provide us with this information, we may not be able to process your claim. We may disclose your personal information we collect on this form and any other additional information we collect in relation to this claim:

- · to our relevant staff and contractors involved in delivering our services;
- if a broker collects the claim form from you, to that broker (this is applicable to the claim from only);
- to your sports association to confirm your eligibility to claim under a policy arranged by it;
- · to the insurer and the underwriter as specified on the policy schedule;
- to reinsurers or reinsurance brokers (which may include reinsurers located outside Australia);
- · to facilitators such as legal firms, accountants, actuaries and loss adjusters employed by us to assist us to consider your claim;
- · to consultant doctors and physicians (in connection with the handling of your claim);
- to claims investigators and surveillance officers (in circumstances where the claim is investigated by us);
- · if required to do so by a law enforcement body or by law; and

You may request access to your personal information we hold about you and where necessary, correct any errors in this information (some restrictions and costs may apply). By completing and returning this form and agreeing to us collecting additional information from the parties specified above in connection with your claim, you agree to us using and disclosing your information as set out above.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice. If any of your personal information changes in the future, please notify us of these changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

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

Your Name\* Relationship to Injured Person\*

Your Name Select

Select Relationship

## Enter your 'Electronic Banking Details'

Then click 'Submit'

# RUGBY AU

Member Injury Details

# Claim Form ✓ Member Verification ᠬ Your Club Details L Your Details Personal Details Other Details Other Details Injury Event Details Treatment Details Disclosure Statement & Privacy Consent

Electronic Banking Details

⊟ Electronic Banking Details	
Should the claim be accepted and benefits payable we'll need your bank details to ensure prompt payment of any payable benefits.	
Name of Account holder*	BSB*
Name of Account holder	BSB
Account Number*  Account Number	

Submit

After submitting, please read the information that appears on your screen Then click **'Close'** 

Thank you for submitting your Member Injury Claim Details. You will shortly receive an email confirming your SLE claim number as well as additional forms required to complete your claim lodgement. Please check your spam folder or junk mail. If you do not receive an email, please contact the SLE Claims Team on 1800 002 676.

Close

You will receive an email with your Claims Forms attached as PDF's, as well as additional important information for your next steps

If you do not receive the email, please check your junk mail

Thank you for completing your Rugby Australia Member Injury Details Form, Please note your claim number as follows:

INJURY DATE: 1/12/2023 SLE CLAIM NUMBER: 1057479

#### \*\* ADDITIONAL FORMS: All claims

Before we commence assessment of your claim for this injury under the RA Group Personal Accident Insurance policy, you will need to complete and submit the following additional forms to us as soon as possible:

- RA Medical Statement: completed by your treating doctor.
- RA Club's Declaration: completed by an official from your Club.
- Disclosure & Privacy Consent: signed by you (or a parent/guardian if under 18).

#### \*\* ADDITIONAL FORMS: Loss of Income

If you wish to claim Loss of Income benefits, please ALSO submit the following forms:

- RA Employment Details: completed and signed by your employer/paymaster.
- Unfit Medical Certificates: you must get a Doctor's certificate for every 4 weeks unfit to work.
- Tax File Number (TFN) Declaration Form: you must complete this form as required by the ATO.

Submit completed forms by email to <a href="myclaim@sleworldwide.com.au">myclaim@sleworldwide.com.au</a> and include your SLE Claim Number in the email Subject.

#### PLEASE NOTE

#### >> AMBULANCE FEE ONLY CLAIMS >>

If you are only claiming for Ambulance fees, you do not need to provide the RA Medical Statement.

#### >> FURTHER INFO >>

For further information on claiming please refer to the attached "Information for Claimants" document. Full details of eligible expenses and benefit limits are set out in the Policy Schedule and Product Disclosure Statement (PDS) available from Rugby Australia, Gallagher, or you can contact us for a copy.

#### >> FURTHER QUESTIONS? >>

If you have any questions about the status of your claim, please call us on 1800 002 676. For information about our Privacy, Complaints & Disputes policies visit <a href="www.sleworldwide.com.au">www.sleworldwide.com.au</a>

#### SLE Worldwide Australia Pty Limited

ABN: 15 066 575 General: 02 9249 4850 Claims: 1800 002 676 Fax: 02 9249 4840

Claims Email: myclaim@sleworldwide.com.au

6 Attachments • Scanned by Gmail ①



# Need help with your Insurance Claim?

If you require further support with your claim, you can contact SLE Worldwide directly on:

**1800 002 676** or

claimsenquiries@sleworldwide.com.au