

**Claim Form
Freedom Protection Plan
Accidental Injury Cover (Broken Bone)**



PART B - MEDICAL ATTENDANT'S REPORT

To be completed by the doctor who is treating the Life Insured. The cost of this report is to be met by the claimant.

Plan Number	<input type="text"/>
Plan Owner (Claimant)	<input type="text"/>
Life Insured (Patient)	<input type="text"/>
Claim Type	<input type="text" value="BROKEN BONE"/>

Your patient is the Life Insured under a Freedom Accidental Injury insurance policy issued by Swiss Re Life & Health Australia Limited and is covered for specified injuries resulting from an **accident**. A claim has been submitted to us for **BROKEN BONE**. To enable us to assess the claim, could you please complete this Medical Attendant's Report.

Note: "fracture" for the purposes of the insurance cover means the disruption in continuity of bone, with or without displacement.

DOCTOR'S INFORMATION

Name:	<input type="text"/>	Qualifications:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Facsimile:	<input type="text"/>

INFORMATION IN CONNECTION WITH YOUR PATIENT'S INJURY

1. Please provide full details of the patient's fracture, including the nature of the fracture and the bone(s) that have been fractured.

2. Is the fracture:

- a compression fracture to the spine? YES NO
- an avulsion fracture? YES NO
- an un-displaced and/or a hairline fracture? YES NO

3. Are you the patient's usual doctor?

 YES NO

If "NO", who referred the patient to you?

4. When did the patient first consult you for this condition?

5. What date was the fracture first diagnosed?

**Please return the completed forms and required documents to Freedom Insurance:
By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001
By Email: claims@freedominsurance.com.au**

6. Who made that diagnosis? Please provide the name of medical provider and their specialty.

7. What investigations were performed to confirm the diagnosis and cause?

Note: We require the fracture to be shown by either radiographic or scanning techniques. Please provide copies of any relevant test results or reports, including x-ray & CT scans, and any further information which may assist us with the assessment of this claim.

8. To the best of your knowledge:

(a) please provide details of the accident that caused the injury.

(b) when did the accident occur?

9. Was the injury caused solely by an accident?

YES

NO

If "NO", please provide details of any other contributing cause to the injury.

10. Has the patient ever had the same or a similar injury or history of any condition that may have contributed to the fracture?

YES

NO

If "YES", please provide any details.

11. If the patient is suffering from a fracture to more than one bone, to the best of your knowledge, did they arise from either the same accident or a series of related accidents?

YES

NO

12. To the best of your knowledge:

(a) was the injury self-inflicted?

YES

NO

(b) was the injury caused by the intentional act of another person?

YES

NO

(c) was the injury sustained whilst the patient was:

- participating in a criminal activity or unlawful act?
- flying or engaged in an aerial activity?
- participating in any motorised sport?
- affected by alcohol or drugs?
- carrying out the duties of their occupation?

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

If "YES" to any of these, please provide any details that you may be aware of.

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13. Please provide details of any other medical providers the patient has been referred to or has consulted in relation to this injury or a related condition.

Providers full name	Specialty	Contact Details	When consulted

14. Are you completing claim forms on behalf of the patient for any other insurance companies in relation to this injury? YES NO

If "YES", please provide the name of the company and claim reference.

DECLARATION BY MEDICAL ATTENDANT

I hereby declare that the above statements are true and complete in every particular.

Signature of Medical Attendant:

Date:

Please provide copies of any relevant test results or reports, including x-ray & CT scans, and any further information which may assist Swiss Re with the assessment of this claim.

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