

# Claims X BIRST Dental Injury

Claim form



Birst Discretionary Trust Arrangement.

If you need assistance with filling out this form, contact us on 1300 375 723 or [claims.aus@claimsx.com.au](mailto:claims.aus@claimsx.com.au)

## Important information

**The issue of this claim form does not indicate acceptance of the claim. To assist us in assessing your claim, please:**

1. Fully complete this form and supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents may result in a delay in assessing your claim.
2. Provide a comprehensive description of the circumstances of the loss, completing all relevant sections.
3. Provide additional supplementary information on a separate page if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X at [claims.aus@claimsx.com.au](mailto:claims.aus@claimsx.com.au).

## Member details

Member name:

Daytime phone number:

Email:

Postal address:

State:

Postcode:

Date of birth:

Usual occupation:

Employer's name:

Location/department:

## Banking details

Account name:

BSB:

Account Number:

## Incident details

Date of injury:

Time of injury:

Location of incident:

Date of first dental treatment following the incident:

If **not** yourself, please provide the name of the individual who suffered the dental injury and your relationship to them:

Identify the accidental dental injury and note how many teeth / fillings were damaged / lost (e.g. Loss of tooth/teeth):

Loss of filling/s:

Loss of tooth/teeth:

Chipping of tooth/teeth:

Fractured or broken tooth/teeth:

Damaged denture/dental plate:

Describe the accident that caused your dental injury:

Were you participating in a sport in any capacity when the injury occurred? (i.e. playing, training)	Yes	No
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If <b>yes</b> , did you receive any fee monetary payment or financial reward as a result of your participation?	Yes	No
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Were there any witnesses to the dental accident?	Yes	No
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If **yes**, provide witness name/s and contact number/s:

Witness name:

Witness phone:

## Claimant declaration & medical authorisations

1. I, \_\_\_\_\_ solemnly and sincerely DECLARE that the information given by me in this claim is true and complete.
2. I understand that the claim may be declined if the information supplied is untrue and I have not revealed all relevant facts.
3. I agree to supply any further information that may be requested of me in connection with my claim.
4. I authorise any Doctor, Dentist, Physiotherapist, Company, Firm or Person to disclose to Howden any and all information that they may request in connection with this claim.
5. I agree that a photocopy of this Authorisation shall be considered to be effective and valid as the original.
6. I have read and accept the Privacy Collection Statement provided with this claim form.
7. I hereby acknowledge and agree to the information contained herein (including personal information) being shared with the other members of our Discretionary Trust (Trust) as part of the Trust's Risk Management processes and reporting criteria with Birst, as it may be required to assist in the management of this claim and the administration of the Trust

Signature of Claimant:

Date:

## Dentist's statement

Claimant's full name:

Date of birth:

Describe the nature of the dental damage suffered by the Claimant and the number of teeth damaged:

Identify the accidental dental injury and note how many teeth / fillings were damaged / lost (e.g. Loss of tooth/teeth):

Loss of filling/s:

Loss of tooth/teeth:

Chipping of tooth/teeth:

Fractured or broken tooth/teeth:

Damaged denture / dental plate:

Other:

Advise the treatment and ADA item numbers that relate to this dental injury. (please also state the FDI two-digit tooth identification number/s):

On what date did the claimant first consult you for the dental damage? Yes  No

Was the dental damage referred to in this form caused solely and directly by a sudden, unexpected, and specific event that has occurred independently of any other cause? Yes  No

If **yes**, please confirm the following: Date:  Time:

Describe the event that resulted in the dental damage:

Was the claimant participating in a sport in any capacity when the injury occurred? (i.e. playing, training, umpiring, etc) Yes  No

## Dentist's declarations

I \_\_\_\_\_ hereby certify that I am a registered dentist and that I have personally examined the above-named claimant.

Qualification:

Provider number:

Telephone:

Business email:

Business address:

State:

Postcode:

Date:

Signature:

## Privacy Collection Statement

**In accordance with the Privacy Act 1988 (and subsequent amendments), we Alternative Risk Management Services Pty Ltd ABN 70 649 963 191| AFSL 530893 and Claims X Pty Ltd ABN 57 649 962 701| AFSL 530894, as related companies to Howden Insurance Brokers (Australia) Pty Ltd ABN 79 644 885 389 | AFSL 539613 (Howden), draw your attention to the following:**

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Claims X products or services. If you are applying for or renewing insurance or membership, or membership of an Alternative Risk Management Services Discretionary Trust Arrangement (DT Arrangement), the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909, or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Claims X related Group companies, such as Howden Insurance Brokers (Australia) Pty Ltd. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website (<https://www.howdengroup.com/au-en/privacy-policy>) if you would like further information or contact our Privacy Officer on the contact details below:

**Post:** Howden Insurance Brokers (Australia) Pty Ltd  
Level 23, 20 Bond Street  
Sydney, NSW 2000

**Email:** [privacy.pacific@howdengroup.com](mailto:privacy.pacific@howdengroup.com)

- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Privacy Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services, or your application for insurance or membership of a DT Arrangement may be declined or you may prejudice your insurance cover or cover under a DT Arrangement.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.
- Our Privacy Policy can be made available on request or can be accessed on Howden's website <https://www.howdengroup.com/au-en/privacy-policy>.

For further information or to make a complaint regarding Claims X's Privacy Policy, contact your Broker, Claims Manager or the Privacy Officer for Howden and Claims X.