



ace insurance

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# American Express Cardmember Hospital Income Plan and Cardmember Recovery Plus Insurance Plan

## A. Cardmember Information (Please Print)

1. Cardmember Name:  Telephone:

2. Usual Address:   
 Postcode

3. Address for correspondence regarding this claim (if different):   
Postcode  Telephone:

4. Cardmember Policy Number:

## B. Insured Person Information (Please Print)

1. Full Name of Insured Person:

2. Date of Birth:  3. Occupation:

## C. Claim Information (Please Print)

1. Describe Injury or Sickness:

2. (a) If injury - Date of Accident:  (b) If Sickness - Date first symptoms appeared:

3. If injury - Please detail the circumstances of the Accident:

4. Has the insured Person ever seen a Doctor for this or any similar condition in the past? YES/NO: (Delete as applicable)  
If YES - Please give dates and Names and Addresses of Doctors and/or Hospitals:

5. Period of Hospitalisation/Confinement for which claim is made  
Date of Admission/Confinement:  Date of Discharge/Release or expected duration of hospitalisation/confinement:

6. Name of Hospital/Nurse:   
Address & Country (if outside Australia):

7. Who is the Insured Person's usual Doctor? Name:   
Address:

8. If Insured Person to whom this claim relates is or was hospitalised/confined outside Australia, Please give the following additional information:  
(a) Insured Person's usual address:   
(b) Purpose of overseas trip:   
(c) Intended itinerary or destination:   
(d) Intended duration of overseas trip: From:  to:

9. Are you claiming Double Benefits for Overseas Hospitalisation/Confinement? YES/NO (Delete as applicable)  
If YES - Please specify period during which you were confined: From:  to:

## Privacy Consent - Claim Assessment

### Protection of My Privacy Acknowledgement and Consents

ACE Insurance Limited (ACE) collects, uses and retains your personal information only in accordance with Australia's National Privacy Principles.

A copy of our Privacy Policy is available on our website at [www.aceinsurance.com.au](http://www.aceinsurance.com.au) or by contacting our customer relations team on 1800 815 675.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information may include:

- Any information provided in relation to your claim;
- Any information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your Health Insurance claims history, including Medicare;
- Any other personal information that you may provide to ACE or its third party contractors;
- Any information relating to any insurance policy on your life, including terms and conditions and claims history;
- Details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time); and
- Any other information relating to your income, assets, liabilities and solvency; and
- Any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), your doctor or other health service provider, any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the 'Parties').

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the ACE group, other insurers, our reinsurers, and government agencies including the police (where we are compelled to by law). These third parties may be located outside Australia. ACE may also disclose your personal information to witnesses in respect to your claim.

If you do not consent to the terms of this Privacy Consent and Medical Authority or revoke your consent, ACE may not be able to process or assess your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on 1800 815 675 or email [customer.relations@ace-ina.com](mailto:customer.relations@ace-ina.com).

## Medical Authority, Declaration and Power of Attorney

I DECLARE THAT,

I understand that by investigating my claim or by accepting proofs of my claim, ACE has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to ACE using and disclosing my personal information pursuant to ACE's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to ACE's privacy officer.

I authorise any person or entity, including but not limited to the Parties referred to above, to provide to ACE such personal information (including health information) as ACE in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to ACE in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint ACE to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant

Date

Name of Claimant

Signature of Witness

Date

Name of Witness

**D. Attending Physician's Statement (Please Print)**

1. Patient's Name:  2. Age:

3: Sex  MALE  FEMALE

4. If injury: When did Accident Occur  If sickness: When did symptoms first appear?

5. Nature of Injuries or Sickness:  
(Describe Complications - If any)

Final Diagnosis:

6. When did the Patient first receive  
Medical attention for this condition?

by Whom? Name:  Address:

7. Has the Patient ever had this or any other similar condition?  Yes  No

If Yes please give details:

8. Period of Hospitalisation/Confinement: Admitted:  Discharged:

9. Name of Hospital:

Full Address:

10. Are you the Patient's usual Doctor?  Yes  No If not who is? Name:

Address:

11. Remarks:

Signed:  Date:  Telephone No.:

Name:  Qualifications:

Address:



ACE Insurance Limited  
28-34 O'Connell Street Sydney NSW 2000

Note: If your Policy was issued by Monarch Insurance Company Limited (a CIGNA Company) it is now Underwritten by ACE Insurance Limited.