

NSW NGO – PSA Scheme for out of home service providers & youth homelessness claim form.

Important notices to NGO

It is essential that this form be returned directly to icare, with all questions answered, at the earliest opportunity.

Please do not make any admissions of liability without seeking the prior written approval of icare. Please also note that if you have appointed your own solicitors/legal firm before notifying icare of this claim, your legal costs may not be entirely recoverable under your policy. icare provide specialist & experience legal services in terms of handling sensitive abuse claims.

Please submit the claim form and additional information through email to ClaimsNGOPSA@icare.nsw.gov.au

Injured person details

Name of Application/Insured Organisation

Address

Post code

Contact phone

Mobile

Email address

Contact name

(Who completed this claim form)

Policy number

Are you registered for GST?

☐

Yes

☐

No

Is the Input Tax Credit (ITC) claimed less than 100% of the GST applicable to the premium?

☐

Yes

☐

No

If 'Yes' please specify the amount claimed.

ABN

Nominated claim contact *(if different from above)*:

Name

Role

Address

Suburb

Postcode

Phone number

Email address

Incident

Date of incident

Time of incident

Address of incident

Date reported to NGO

Has the incident been reported to Police?

☐

Yes

☐

No

Police Report or Incident Number (if known)

Third Party

Name of third party

Address of third party

Please provide copies of any documentation or correspondence provided to you by the third party.

Describe what happened *(Include what is alleged, who is involved, when it occurred and where it occurred)*

Witness

Name(s) and contact details of witness(es) if any:

Supporting documentation

Please indicate the supporting documentation you have and are submitting with this request:

- ☐ Statement of Claim/Letter of demand
- ☐ All correspondence with the Plaintiff/Claimant and/or their legal advisor
- ☐ Incident and/or investigation reports
- ☐ Witness statements, if any
- ☐ Claimant files, monthly reports, daily logbooks and or meeting minutes - if relevant
- ☐ Photographs or map of incident site

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I have read and understood the Privacy Notice below and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this claim form. Where personal information has been provided on someone else's behalf, that person has consented to the provision of this information.

Signature of volunteer

Name

Position

Date

Privacy Act

icare places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy. We collect your personal information (including sensitive information) for the purposes set out in our Privacy Policy including assessing and processing claims. We generally collect personal information (including sensitive information) directly from you. In some cases, we may collect personal information from third parties e.g. medical practitioners and other health professionals. At times we may provide your personal information to third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Where the information is sensitive information (e.g. abuse information), we may provide this information to legal advisers, other health professionals, and reinsurers. We are unlikely to provide your personal information to overseas recipients. If you do not provide the requested information, the assessment of your claim may be delayed, or we may not accept the claim. Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information, please visit our website: <https://www.icare.nsw.gov.au/privacy#gref>