

benefit application – injury

sch 1 form S1 [rule 4(a)]

Application for injury benefits by a registered participant.

Accurate and complete particulars must be provided as required by this form and the Sporting Injuries Insurance Rule 1997, or the application may be rejected.

(If the spaces on the form are insufficient, attach additional pages or particulars.)

Note: The *Sporting Injuries Insurance Act 1978*, provides a penalty for a false or misleading statements made in, or in connection with, this application.

Full name of registered participant

Address

Suburb

State

Postcode

Date of birth

Telephone number

Marital status

Email address

State the name of sporting organisation or club in which you were registered when the injury occurred

Provide particulars of the time, date and place of injury and manner in which injury was received (including details of event)

If the incident in which the injury occurred was witnessed by other persons, state the names, phone numbers and addresses of at least one of those persons (attach a statement by a witness as to how the injury occurred – Rule 5(a)(iii))

Specify the nature of the injury

State names and addresses of attending or treating doctors (attach the original or a photocopy of each medical certificate or report obtained with respect to the injury – Rule 5(a)(i))

Full name of official and office held by the official of the sporting organisation to whom the injury was first reported

Contact number

Time and date the injury was first reported

Attach a statement by an official confirming applicant was registered as a player at the time of injury – Rule 5(a)(ii).

All particulars provided by me in, or in any attachment to this application, are true.

If registered participant is under 18, please provide applicant details.

Full name of applicant

Relationship to registered participant

Signature of applicant

Date (DD/MM/YYYY)

Please send the completed form to:

NSW Sporting Injuries
92-100 Donnison Street
Gosford NSW 2250
Telephone: **1800 221 960**
Email: wiclaims@icare.nsw.gov.au