

1.6 Declaration and Information Authorities

I understand that AFA Pty Ltd (ABN 83 067 084 33, AFS License No. 247122) may need to access, collect and disclose information about me in order to be able to assess my claim for benefits.

In order to do so, I (insert your full name here)

of (your address)

Suburb/town

Postcode

State

hereby agree that I have read, understood and agree to the collection, use and disclosure of my personal information by AFA Pty Ltd as outlined in the Privacy Notice on page 12 of this document.

In addition and without limiting the above, I authorise AFA Pty Ltd to collect and disclose any information about me from and to any organisation or person including the following, (which includes their current and former capacities and any organisation or person that may replace them): Medicare, any insurance or health insurance company, other insurance intermediaries, Centrelink, any hospital, physician, medical practice, medical services provider, medical therapy provider, employer, investigators, assessors and loss adjustors, other parties we may be able to claim or recover against, insurance reference bureau, financial institutions including banks, the Australian Taxation Office and my accountant.

In providing or obtaining information about me, I understand that AFA Pty Ltd will use that information in the assessment of my claim, and that if I do not provide, or permit access to this information my claim may not be able to be assessed by AFA Pty Ltd.

This consent to access, collect and disclose my personal information remains valid unless I revoke or alter it by giving AFA Pty Ltd, notice in writing and I agree that a photocopy of this authority is to be accepted and shall have the effect of an original.

I solemnly and sincerely declare that the information provided in this claim form and any attachments which I have provided, is true, correct and complete in every detail. I agree that if I have made any misrepresentations, false or fraudulent statements, or have concealed information of a material nature relevant to the assessment of my claim, that subject to law, the policy may be cancelled and/or AFA Pty Ltd may refuse to pay a claim.

Signature

Date

 / /

To be completed if another person has signed on behalf of the injured person

Name of person who signed on behalf of the injured person

Relationship to the injured person

Reason why the injured person could not sign