## Insured Authorisation Form



## THIS PAGE OF THE CLAIM FORM NEEDS TO BE COMPLETED BY AN OFFICIAL OF THE INSURED ORGANISATION

1.	What is the name of the insured organisation?		Policy Number	
	Society of St Pius X - St Philomena School	5581073		
2.	What is the postal address of the insured organisation?			
	61 Koplick Road			
	Suburb/town	State	Post	code
	Park Ridge	QLD	4	1 2 5
3.	What is the full name and date of birth of the injured person?			
	First Name Surname			
	Date of Birth			
4.	<b>VOLUNTARY WORKER POLICIES:</b> Was the injured person a voluntary worker of the insured organ the time the injury was sustained?	nisation at	No	Yes
5.	OTHER POLICIES: Was the insured person a financial member of the insured organisation at the d	ate of injury?	No 📗	Yes
6.	On what date did the injured person injure themselves?			
7.	What was the injured person actually doing at the time they injured themselves?			
8.	What was the injury sustained by the injured person?			
	When the insured injured themselves, was the activity they were participating in an officially auth sanctioned activity of the insured organisation?	orised and	No 📗	Yes
10				
10.	At what location did the insured person injure themselves (address)?  Street name and number			
	Street lialite and number			
	Suburb/town	State	Posto	-odo
	Subdi b/ town	State		
	Declaration: I, am the			
	(full name)	(title of office bearer)		
	of the St Philomena School (name of organisation)			
	declare that the information provided in this certification is true, correct and completed to the best of my knowledge and ability.			
	Signed: Dated:		/	
	Phone Number: ( 0 7 ) 3 8 0 2 0 0 8 8			