

# Benefit application – injury

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 Rules 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

Address

Suburb

State

Postcode

Date of birth (DD/MM/YYYY)

Telephone number

Marital status

Number and ages of dependent children (if any)

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 and addresses of two of those persons (attach a statement by a witness as to how the injury occurred – see 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 – see Rule 5(a)(i)):

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

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 – see Rule 5(a)(ii).

**This information is required for statistical purposes only.**

What was the total and type of expenses incurred (medical, hospital, dental etc)?

  

Was any special treatment required such as physiotherapy, supply of splints or crutches, repair of dentures etc?

  

What was the cost of the special treatment?

  

Medical report costs (these may be reimbursed – attach original receipts):

  

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

Signature of applicant

Date (DD/MM/YYYY)

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**Please send the completed form to:**

NSW Sporting Injuries  
92–100 Donnison Street  
Gosford NSW 2250  
Telephone: (02) 4321 5392  
Facsimile: (02) 9287 5392  
Email: [contact.us@sportinginjuries.com.au](mailto:contact.us@sportinginjuries.com.au)