

メディパック ACE 医療保険金請求書 - AON MEDICAL ACE CLAIM FORM

* クレームフォーム記入後領収書のコピーとともに、下記 E メールアドレス、もしくは下記住所宛てにご送付下さい。領収書の原本のご提出は不要です。Please send your completed Claim Form to following address;

クレームフォーム送付先: Email: au.jis.claim@aon.com

郵送(Postal) : Japan Insurance Services Division, Aon Risk Services Australia Limited, GPO Box 4189, Sydney, NSW, 2001

会社名 Name of Employer:				
氏名 Name:		保険証券番号 Policy/Certificate No		
Bank Account Details: 銀行名(Bank)		支店名(Branch)		
銀行支店コード(BSB)		口座番号(Account No.)	口座名義 (Account Name)	
支払明細書送付先 Email Address (Email Address of Forwarding Claim Settlement Detail):				
連絡先電話番号 Contact Telephone No. (Work or Home)			携帯(Mobile)	
住所 (Postal Address)				

名前 First Name of Claimant	治療日 Date of Treatment	傷病名(該当の文字を○で囲んで下さい) Type of Injury or Illness(Please circle appropriate letter) M. 一般医療費, 傷病名若しくは症状 (Please pacify Medical condition) P. 処方箋による医薬品 (Prescribed medicine) D. 歯科(Dental)			支払い済み 医療費金額 Amount Paid	保険会社記入欄 OFFICE USE ONLY	
						Comment	Refund Due
		M ()	P	D			
		M ()	P	D			
		M ()	P	D			
		M ()	P	D			
		M ()	P	D			
		M ()	P	D			
オーストラリア国外での治療の場合のオーストラリア出国日<Departure date of Australia>							
TOTAL					\$	保険会社記入欄 OFFICE USE ONLY - TOTAL	
						\$	

ご申告

I declare that
the information on this form and any documents attached to it, is correct and complete
I have not withheld any information that could affect this claim
I am the policy holder or a nominated beneficiary of the insured person covered by this policy

同意文

I authorize any hospital, physician or other person who has attended me to furnish Japan Insurance Services Division of Aon Risk Services Australia Ltd or at their authority insurer(s) or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records. I agree that a photo copy of this authorization shall be considered as effective as the original.

ご署名

Signature of Policy Holder: _____ 日付 Date: _____

ALL MEDIPACK claims are administered and assessed by Corporate Services Network (CSN) who is the authorized claim agent of the insurer. Refund of benefit will be made directly from CSN.

Privacy Statement

Japan Insurance Services Division of Aon Risk Services Australia Ltd (We/Our/Us) wants to ensure that Our policyholders are confident that any personal information collected by Us is treated with the appropriate degree of confidentiality and privacy. To ensure this, Insurer(s) belong to the General Insurance Information Privacy Code, a voluntary code aimed at providing policyholders with best practice for privacy queries and complaints. Full details of Our Privacy Policy are available on request.

Privacy Commitment

The following points explain why We collect and how We use Your information:

Collection of Your personal information

We collect only relevant information necessary to provide competitive insurance products and services.

How We use Your personal information

We use the information to provide insurance products and services and to issue and administer insurance policies.

Disclosure of Your information

We limit the release of personal information. We will not sell customer information to telemarketing companies. We will share information only when necessary to market and administer Our own insurance products and services and when required by law.

Your medical information is confidential

We will not use or share, internally or with any third parties, medical information for any purpose other than insurance underwriting or administration of a customer's policy or claim, as required by law or as authorized by You.

We require strict privacy protection in Our business relationships

We only engage in ventures with strategic partners that follow strict confidentiality requirements.

How to make a privacy complaint

Should You be unhappy about our treatment of Your personal information, please write to Our Privacy Officer clearly setting out the nature of Your concern and Our Privacy Disputes Panel will respond within fifteen (15) working days. If You require assistance in lodging Your complaint please call 02-9253-7000.

The Privacy Officer has the appropriate authority to deal with Your complaint and can refer Your complaint, if You are not satisfied with the result to the Privacy Compliance Committee at IEC Limited. Should Your complaint not be resolved by the Privacy Compliance Committee it can be referred to the Federal Privacy Commissioner. If another code adjudicator or the Federal Privacy Commissioner could more appropriately deal with Your complaint, then We or IEC Limited can refer it to them.

Corporate Services Network (CSN) is a third party administration and claims processing centre and in this capacity we collect personal information that is necessary to provide and manage this service.

Privacy: From 21 December 2001 we are bound by the Privacy Act 1988. The Privacy Act 1988 requires us to tell you that we disclose personal information to third parties when necessary to assist us and them in providing and managing this service. This may include agents, brokers, contractors, insurers, reinsurers, loss assessors, medical practitioners, insurance intermediaries, insurance reference bureaus, credit reference agencies, our and your advisers, persons involved in the claims handling process, Government authorities, courts, tribunals or other dispute resolution bodies. We limit the use and disclosure of any personal information provided by us, to them, to the specific purpose for which we supplied it.

You authorise Corporate Services Network to collect, use and disclose your personal information for these purposes. You also give express authority for Corporate Services Network to, where applicable collect, use and disclose your personal information that amounts to sensitive information under the Act, as required to provide and manage the relevant product or service.

If you do not agree to the above we may not be able to provide you with our services. If you wish to request access or correction to the information we hold about you, opt out of receiving materials we send or request a copy of our privacy policy then contact the Privacy Manager, Corporate Services Network Pty Ltd, Level 2, 280 George Street, Sydney 2000.

Declaration: I/We certify that the information given is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/We have read and understood the Privacy Act 1998 information referred to above the consent to the collection, storage and use and disclosure of my/our personal and sensitive information. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then CSN may be unable to process my/our claim.

I/we understand and agree to the above.

Name:..... Signed by:.....

Date:.....