

メディパック M/S 医療保険金請求書 - MITSUI SUMITOMO INSURANCE CO. LIMITED
MEDIPACK MEDICAL EXPENSES POLICY CLAIM FORM

90日以内にご請求下さいますようお願い申し上げます

フォーム記入後領収書のオリジナルを添付の上、下記の住所にご送付下さい。後日、会社に対する医療費補助請求のため領収書のコピーをお手元に保管して下さい。

クレームフォーム送付先: Please send your completed Claim Form to Our agent, 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	
						\$	

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 Owner (or a nominated beneficiary of the Policy Owner, in the event of the Policy Owner's death) under this policy and I understand that benefits under the Policy will be paid to me in respect of an Insured Person.

(I have read and understood the Privacy Statement on this Claim Form and I agree to the collection, use and disclosure of my personal information in the manner described

(I have the authority to provide personal information, including sensitive information and health information, about the Insured Persons for whom I am making this claim.

(I authorize any hospital, physician or other person who has attended me to furnish to the insurers, or their agent, Japan Insurance Services Division of Aon Risk Services Australia Ltd (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 photostat copy of this authorization shall be considered as effective as the original. I have the consent of each Insured Person for whom I am making this claim, to give this authority on their behalf.

Signature of Policy Owner: _____ **Date:** _____

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

Privacy Statement

We want 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, the insurers of this insurance complies with the requirements of the *Privacy Act 1988* (Cth). We also 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 process Your application for insurance to provide You with insurance products and services and to assess Your insurance claims.

How We use Your personal information

We use the information to provide insurance products and services and in order to assess Your application for insurance, issue Your policy, administer Your insurance policy and assess Your claim.

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. We will also disclose personal information about You to Our agents, such as Aon Risk Services Australia Ltd (for the purposes of arranging insurance and handling claims) and Corporate Services Network Pty Ltd (for the purposes of handling claims), and our reinsurers.

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, administration or reinsurance 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.

What happens if You do not provide Your personal information

If You do not provide Us with Your personal information as required, We will not be able to provide You with the services You require.

Information about an Insured Person provided by the Policy Owner

Any personal information about an Insured Person that is provided to Us or our agent by the Policy Owner (eg. in the application form or the claim form) is deemed to have been provided to Us with the authority and consent of the relevant Insured Person. All Insured Persons are taken to have agreed that We can disclose information about the Insured Person to the Policy Owner relating to the Insured Person's application for insurance or claim for a benefit under the policy.

How to make a privacy complaint

Should You be unhappy about our treatment of Your personal information, please write to the Deputy General Manager of the insurers of this insurance (see contact details in Our Product Disclosure Statement) clearly setting out the nature of Your concern and Our Deputy General Manager will respond within fifteen (15) working days. If You require assistance in lodging Your complaint please call the number in Our Product Disclosure Statement.

The Deputy General Manager has the appropriate authority to deal with Your complaint. Should Your complaint not be resolved satisfactorily by the Deputy General Manager 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 can refer it to them.

How to Access, Correct or Update Your Information

You will always have access to any personal information about You that We hold. Should You wish to be provided with a copy of this information please contact Our Deputy General Manager in writing at the address shown in Our Product Disclosure Statement.

Your request will be actioned within fifteen (15) working days and copies of the information will be posted to Your current address. If You wish to correct any of the information please contact Our Deputy General Manager in writing. We will provide any information We hold, provided the information is not the subject of claim or legal proceedings or We have the right to withhold the information by law.

Notice of Claim

Written notice of claim must be given to Us (or our agent) within ninety (90) days after the occurrence of any circumstances giving rise to a claim or as soon thereafter as is reasonably possible.