

Injury Reports and Insurance Claims

Help Guide



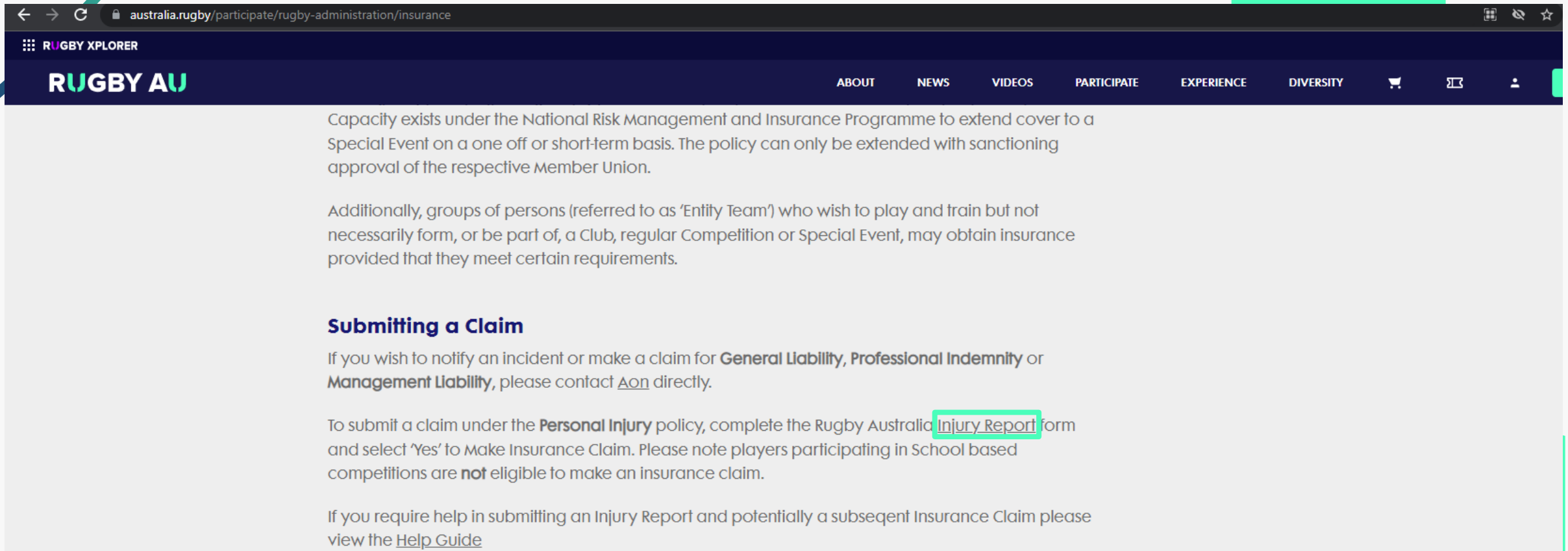
Part 1

Submitting a **Serious** or
Non-Serious Injury Report



Step 1

Go to <https://australia.rugby/participate/rugby-administration/insurance> scroll down to 'Submitting a claim' title and click 'Injury Report'



Capacity exists under the National Risk Management and Insurance Programme to extend cover to a Special Event on a one off or short-term basis. The policy can only be extended with sanctioning approval of the respective Member Union.

Additionally, groups of persons (referred to as 'Entity Team') who wish to play and train but not necessarily form, or be part of, a Club, regular Competition or Special Event, may obtain insurance provided that they meet certain requirements.

Submitting a Claim

If you wish to notify an incident or make a claim for **General Liability**, **Professional Indemnity** or **Management Liability**, please contact [Aon](#) directly.

To submit a claim under the **Personal Injury** policy, complete the Rugby Australia [Injury Report](#) form and select 'Yes' to Make Insurance Claim. Please note players participating in School based competitions are **not** eligible to make an insurance claim.

If you require help in submitting an Injury Report and potentially a subsequent Insurance Claim please view the [Help Guide](#)

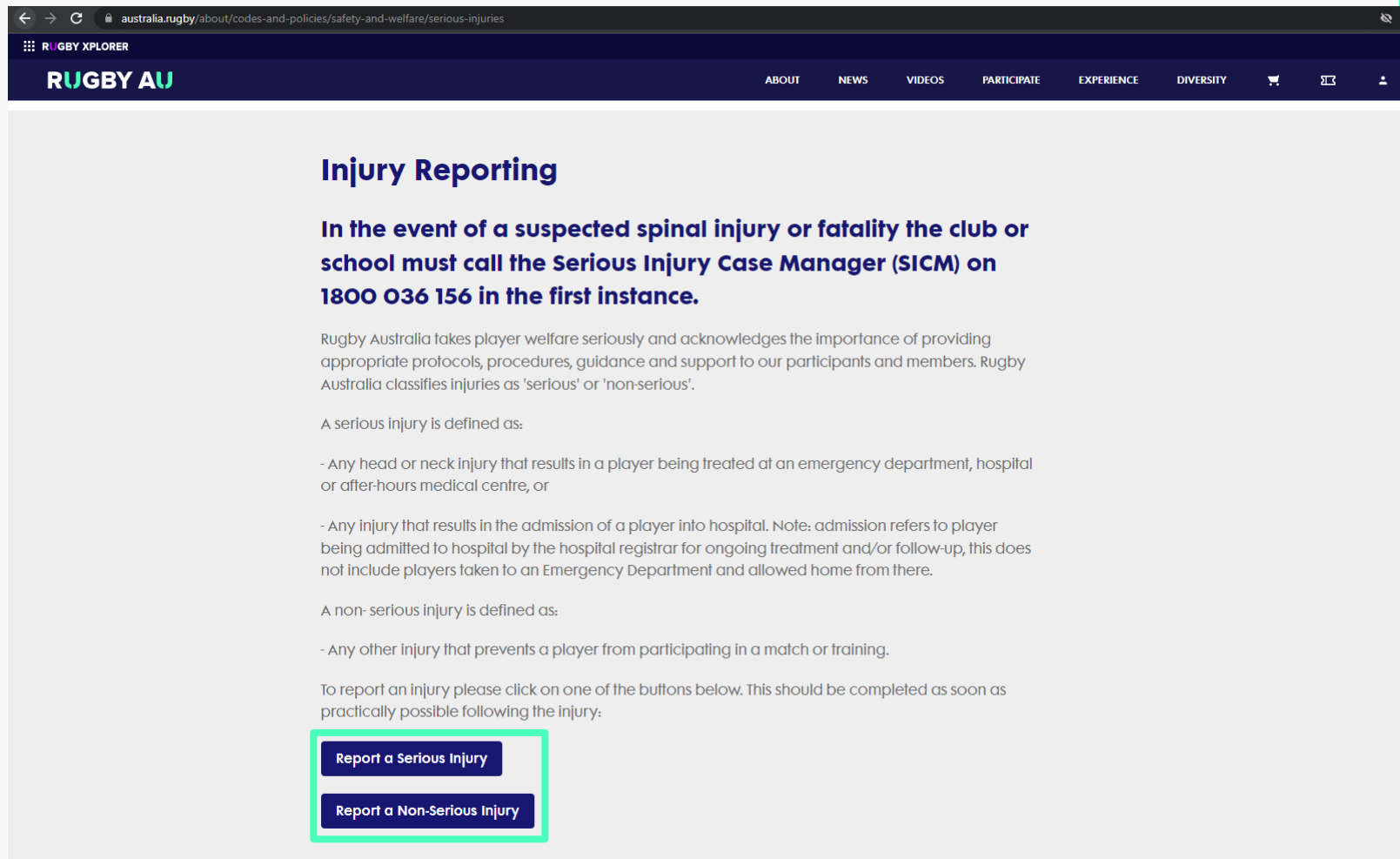
Step 2

Click on the 'Report a Serious Injury' box

Or

Click on the 'Report a Non-Serious Injury' box

NOTE – check the definitions between Serious and Non-Serious injuries



australia.rugby/about/codes-and-policies/safety-and-welfare/serious-injuries

RUGBY AU

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Injury Reporting

In the event of a suspected spinal injury or fatality the club or school must call the Serious Injury Case Manager (SICM) on 1800 036 156 in the first instance.

Rugby Australia takes player welfare seriously and acknowledges the importance of providing appropriate protocols, procedures, guidance and support to our participants and members. Rugby Australia classifies injuries as 'serious' or 'non-serious'.

A serious injury is defined as:

- Any head or neck injury that results in a player being treated at an emergency department, hospital or after-hours medical centre, or
- Any injury that results in the admission of a player into hospital. Note: admission refers to player being admitted to hospital by the hospital registrar for ongoing treatment and/or follow-up, this does not include players taken to an Emergency Department and allowed home from there.

A non-serious injury is defined as:

- Any other injury that prevents a player from participating in a match or training.

To report an injury please click on one of the buttons below. This should be completed as soon as practically possible following the injury:

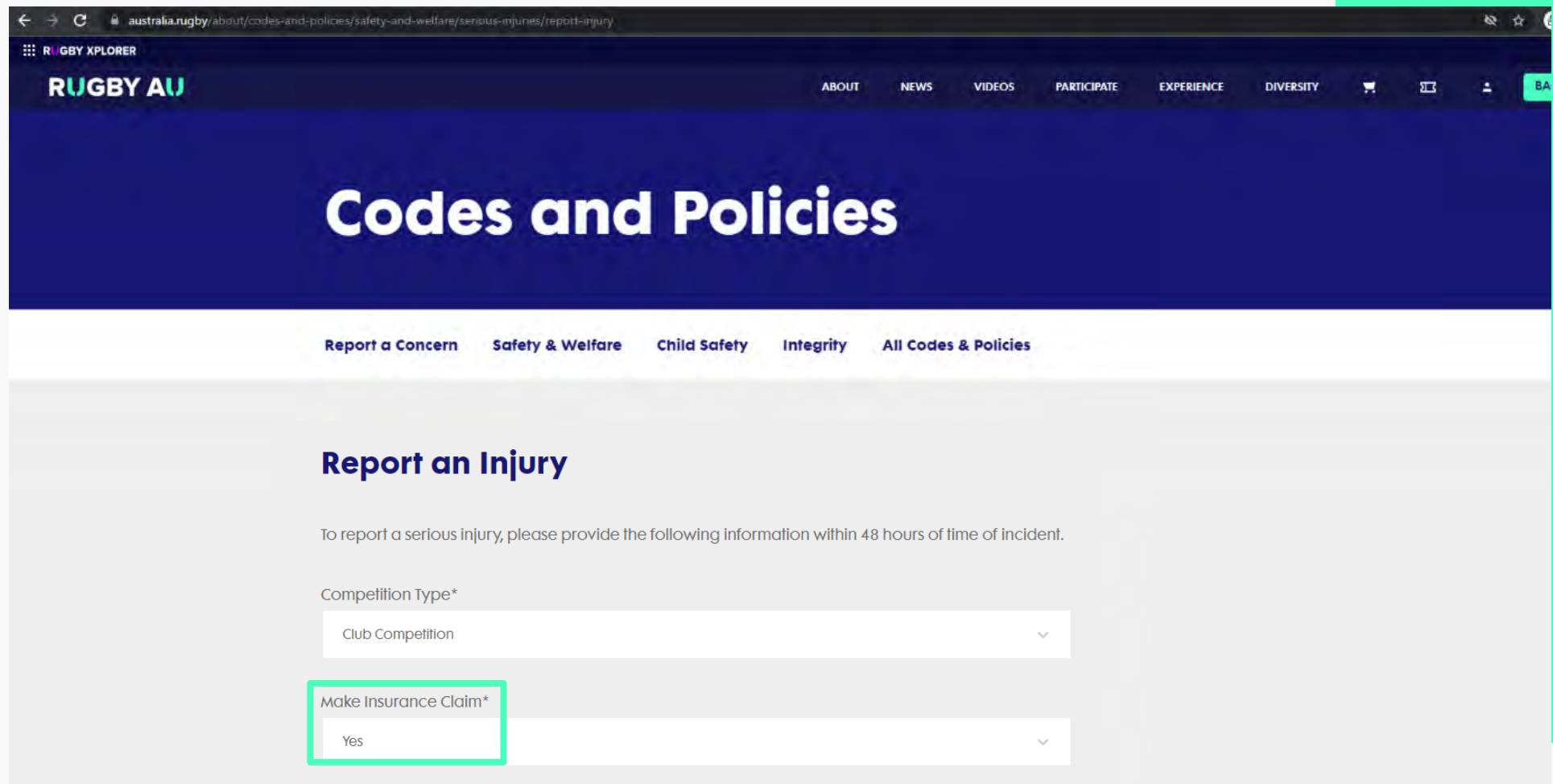
[Report a Serious Injury](#)

[Report a Non-Serious Injury](#)

Step 3

You can submit a Serious/Non-Serious Injury without an insurance claim if you wish.

However, if you plan to claim on the RA Insurance Program, Select **'Yes'** under the **'Make an Insurance Claim'** question.



The screenshot shows the 'Report an Injury' form on the Rugby AU website. The form is titled 'Report an Injury' and includes a sub-header 'Report a Concern' with a dropdown menu. The 'Make Insurance Claim*' dropdown menu is highlighted with a red box, and the 'Yes' option is selected. The form also includes a 'Competition Type*' dropdown menu with 'Club Competition' selected. The URL in the browser is 'australia.rugby/about/codes-and-policies/safety-and-welfare/serious-injuries/report-injury'.

australia.rugby/about/codes-and-policies/safety-and-welfare/serious-injuries/report-injury

RUGBY AU

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Codes and Policies

Report a Concern Safety & Welfare Child Safety Integrity All Codes & Policies

Report an Injury

To report a serious injury, please provide the following information within 48 hours of time of incident.

Competition Type*

Club Competition

Make Insurance Claim*

Yes

Step 4

Complete the required information then click **'Submit'**.

U41Z 345 078

*I certify that the above information is true and correct.

Please ensure all required fields are completed before clicking 'submit'.

You will receive an email notification if the case has been submitted successfully.

If you do not receive an email, your case has not been successfully completed and you may need to complete the incident form again.

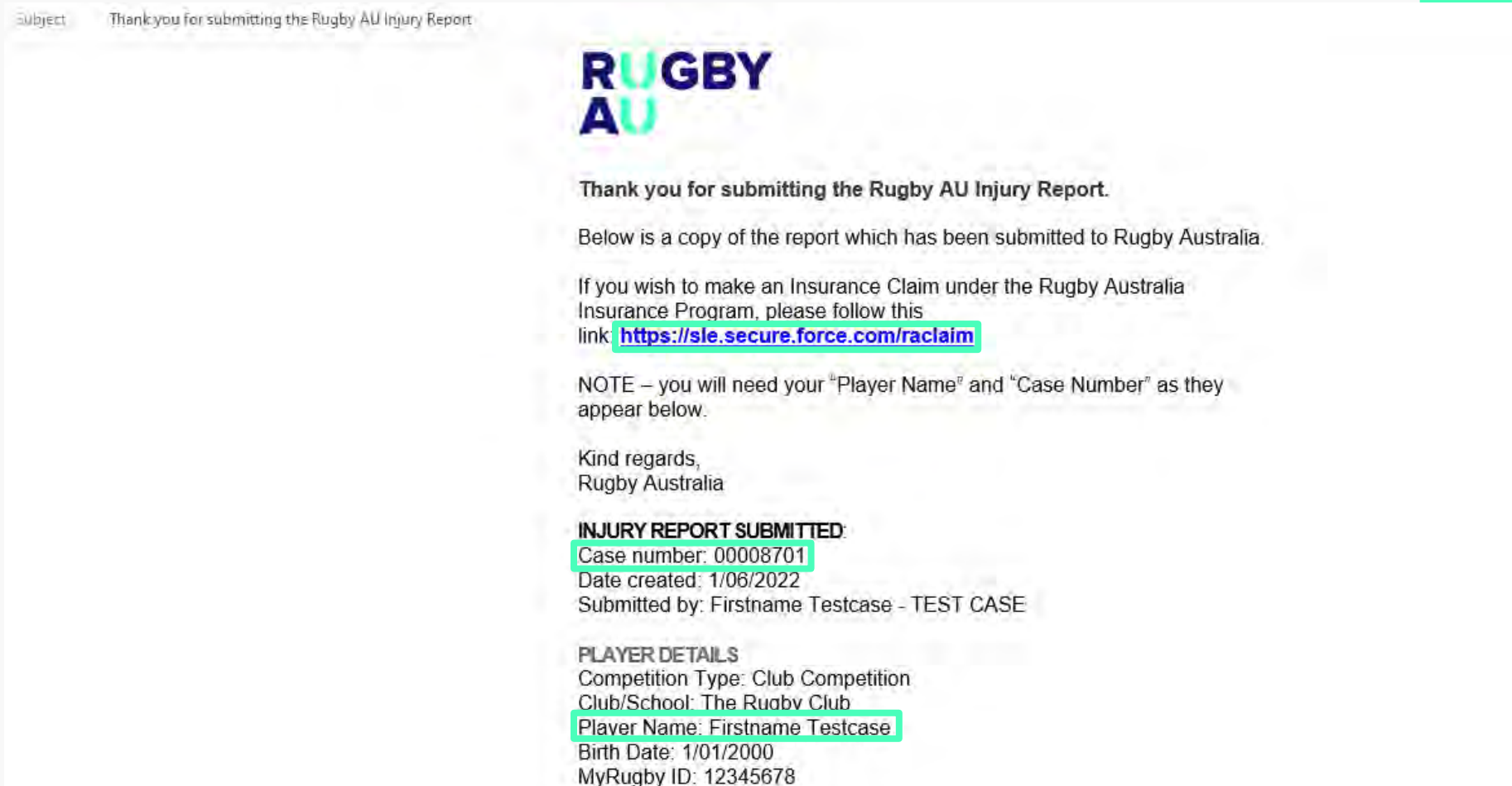
Submit

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

Step 5

You will then receive an email from noreply@rubgy.com.au – which includes a copy of the details submitted in the report, and instructions on how to proceed with an Insurance Claim (if desired).

NOTE – this email is received by both the person submitting the injury report, and the injured player.





Part 2

Making an Insurance Claim



Step 6

After clicking the link in your email <https://sle.secure.force.com/raclaim>
Enter the 'Player Name' and 'Case Number' exactly as they appear in the email you received.

Then click 'Continue'

The screenshot shows the 'RUGBY AU' logo in the top left and 'Member Injury Details' in the top right. The main content area is titled 'Member Verification' and contains the following text: 'For verification purposes, please enter your "Player Name" and "Case Number" exactly as they appear in your RA Injury Report.' Below this text are two input fields: 'Player Name*' and 'Case Number*'. A 'Continue' button is located at the bottom right of the form area. On the left side, there is a navigation menu with the following items: 'Claim Form', 'Member Verification' (selected), 'Your Club Details', 'Your Details' (with sub-items 'Personal Details' and 'Other Details'), 'Details of Your Injury' (with sub-items 'Anatomy Injury Details' and 'Injury Event Details'), 'Treatment Details', 'Disclosure Statement & Privacy Consent', and 'Electronic Banking Details'.

Step 7

Enter your 'Club Name', 'Competition Name' and 'Grade'
Then click 'Continue'.

The screenshot shows the 'Member Injury Details' page on the Rugby AU website. The page has a dark blue header with the 'RUGBY AU' logo on the left and 'Member Injury Details' on the right. A left-hand navigation menu is titled 'Claim Form' and includes several options: 'Member Verification' (checked), 'Your Club Details' (highlighted in dark blue), 'Your Details' (with sub-items 'Personal Details' and 'Other Details'), 'Details of Your Injury' (with sub-items 'Anatomy Injury Details' and 'Injury Event Details'), 'Treatment Details', 'Disclosure Statement & Privacy Consent', and 'Electronic Banking Details'. The main content area is titled 'Your Club Details' and contains three input fields: 'Club Name*' (a text box with a search icon), 'Competition Name' (a text box with 'Team Name' as a placeholder), and 'Grade*' (a dropdown menu currently showing '--None--'). A blue 'Continue' button is located at the bottom right of the form area.

Step 8

Enter your relevant 'Personal Details'
Then click 'Continue'

RUGBY AU Member Injury Details

Claim Form

- Member Verification
- Your Club Details
- Your Details**
 - Personal Details
 - Other Details
- Details of Your Injury
 - Anatomy Injury Details
 - Injury Event Details
- Treatment Details
- Disclosure Statement & Privacy Consent
- Electronic Banking Details

Personal Details

| | |
|---|---|
| Player Name* | Email* |
| <input type="text" value="Sandra Moody"/> | <input type="text" value="Email"/> |
| Date of Birth* | Mobile* |
| <input type="text" value="dd/mm/yyyy"/> | <input type="text" value="04 eg XX XXX XXX"/> |
| Gender* | Work Phone |
| <input type="radio"/> Male <input type="radio"/> Female | <input type="text" value="eg. XX XXXX XXXX"/> |
| Address* | Phone Number |
| <input type="text" value="Address"/> | <input type="text" value="eg. XX XXXX XXXX"/> |
| State* | ARU ID Number |
| <input type="text" value="--None--"/> | <input type="text" value="ARU ID Number"/> |
| Postcode* | |
| <input type="text" value="e.g. XXXX"/> | |

Continue

Step 9

Enter your 'Occupation', 'Employment Status' and 'Private Health Fund' details

Then click 'Continue'

RUGBY AU Member Injury Details

Claim Form

Other Details

Member Verification

Your Club Details

Your Details

Personal Details

Other Details

Details of Your Injury

Anatomy Injury Details

Injury Event Details

Treatment Details

Disclosure Statement & Privacy Consent

Electronic Banking Details

Occupation*

Employment Status at the time of injury*

Are you a member of a Health Fund?*

Yes No

Continue

Step 10

Enter the 'Anatomy Injury Details'
Then click 'Continue'

The screenshot shows the 'RUGBY AU' logo in the top left and 'Member Injury Details' in the top right. A left-hand navigation menu is titled 'Claim Form' and includes the following items: Member Verification, Your Club Details, Your Details (with sub-items Personal Details and Other Details), Details of Your Injury (highlighted in dark blue, with sub-items Anatomy Injury Details and Injury Event Details), Treatment Details, Disclosure Statement & Privacy Consent, and Electronic Banking Details. The main content area is titled 'Anatomy Injury Details' and contains four dropdown menus: 'What is the nature of your injury?' and 'What body part/s has been injured?' (both showing '--None--'), 'How was the onset of injury?' (showing '--None--'), and 'On which side were you injured?' (showing '--None--'). Below these is a question 'Is this recurrence of a previous injury?' with radio buttons for 'Yes' and 'No'. A 'Continue' button is located in the bottom right corner of the form area.

Step 11

Enter the 'Injury Event Details'
Then click 'Continue'

The screenshot shows the 'Member Injury Details' form on the Rugby AU website. The form is titled 'Injury Event Details' and is part of a 'Claim Form'. The left sidebar contains a navigation menu with the following items: Member Verification (checked), Your Club Details, Your Details (Personal Details, Other Details), Details of Your Injury (selected), Anatomy Injury Details, Injury Event Details, Treatment Details, Disclosure Statement & Privacy Consent, and Electronic Banking Details. The main form area contains the following fields:

- Date and Time of your injury*: 03/12/2021 12:00 AM
- What was the event?*: --None--
- Where were you when it happened?*: Where were you when it happened?
- What was your role/position at the time of your injury?*: --None--
- Type of location*: --None--
- When did your injury occur?*: --None--
- On what surface were you participating?*: --None--
- What was your activity leading to the injury?*: --None--
- What was the condition of the surface?*: --None--
- How did it happen?*: (Empty text box)
- Was a penalty called at the time of your injury?*: Yes No

Step 12

Enter the 'Treatment Details'
Then click 'Continue'

The screenshot shows the 'RUGBY AU' logo in the top left and 'Member Injury Details' in the top right. A left-hand navigation menu is titled 'Claim Form' and includes the following items: 'Member Verification' (checked), 'Your Club Details', 'Your Details' (with sub-items 'Personal Details' and 'Other Details'), 'Details of Your Injury' (with sub-items 'Anatomy Injury Details' and 'Injury Event Details'), 'Treatment Details' (highlighted in dark blue), 'Disclosure Statement & Privacy Consent', and 'Electronic Banking Details'. The main content area is titled 'Treatment Details' and contains the following fields: 'Was hospitalisation required?*' with radio buttons for 'Yes' and 'No'; 'Name, address and phone of your usual doctor*' with a text input field; and 'Name, address and phone of all attending doctors' with a text input field. A 'Continue' button is located in the bottom right corner of the form area.

RUGBY AU Member Injury Details

Claim Form

- Member Verification
- Your Club Details
- Your Details
 - Personal Details
 - Other Details
- Details of Your Injury
 - Anatomy Injury Details
 - Injury Event Details
- Treatment Details**
- Disclosure Statement & Privacy Consent
- Electronic Banking Details

Treatment Details

Was hospitalisation required?*

Yes No

Name, address and phone of your usual doctor*


Name, address and phone of all attending doctors

Continue

Step 13

Check the **'Agreement'** checkbox and enter **'Your Name'** and **'Relationship to the injured person'**

Then click **'Continue'**

Member Injury Details

Claim Form

- ✔ Member Verification
- 🏠 Your Club Details
- 👤 Your Details
 - Personal Details
 - Other Details
- ♿ Details of Your Injury
 - Anatomy Injury Details
 - Injury Event Details
- 🏠 Treatment Details
- ✔ Disclosure Statement & Privacy Consent
- 📄 Electronic Banking Details

✔ Disclosure Statement & Privacy Consent

SLE Worldwide Australia Pty Ltd are committed to protecting the privacy of the personal information you provide to us. We will use the personal information requested on this form to enable us to consider your claim. We may also need to collect additional information in connection with your claim from the Health Insurance Commission, any hospital, physician or other person who has or will be attending you and your past or present employer/s. We may also need to collect additional information from claims investigators or surveillance officers if your claim is investigated by us. If you do not provide us with this information, we may not be able to process your claim. We may disclose your personal information we collect on this form and any other additional information we collect in relation to this claim:

- to our relevant staff and contractors involved in delivering our services;
- if a broker collects the claim form from you, to that broker (this is applicable to the claim from only);
- to your employer;
- to your sports association to confirm your eligibility to claim under a policy arranged by it;
- to the insurer and the underwriter as specified on the policy schedule;
- to reinsurers or reinsurance brokers (which may include reinsurers located outside Australia);
- to facilitators such as legal firms, accountants, actuaries and loss adjusters employed by us to assist us to consider your claim;
- to consultant doctors and physicians (in connection with the handling of your claim);
- to claims investigators and surveillance officers (in circumstances where the claim is investigated by us);
- if required to do so by a law enforcement body or by law; and

You may request access to your personal information we hold about you and where necessary, correct any errors in this information (some restrictions and costs may apply). By completing and returning this form and agreeing to us collecting additional information from the parties specified above in connection with your claim, you agree to us using and disclosing your information as set out above.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice. If any of your personal information changes in the future, please notify us of these changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

I agree that a copy of this document shall be considered as effective and valid as an original and specifically authorise its use as such.

Your Name* Relationship to Injured Person*

Step 14

Enter your 'Electronic Banking Details'
Then click 'Submit'

RUGBY AU

Member Injury Details

Claim Form

- Member Verification
- Your Club Details
- Your Details
 - Personal Details
 - Other Details
- Details of Your Injury
 - Anatomy Injury Details
 - Injury Event Details
- Treatment Details
- Disclosure Statement & Privacy Consent
- Electronic Banking Details**

Electronic Banking Details

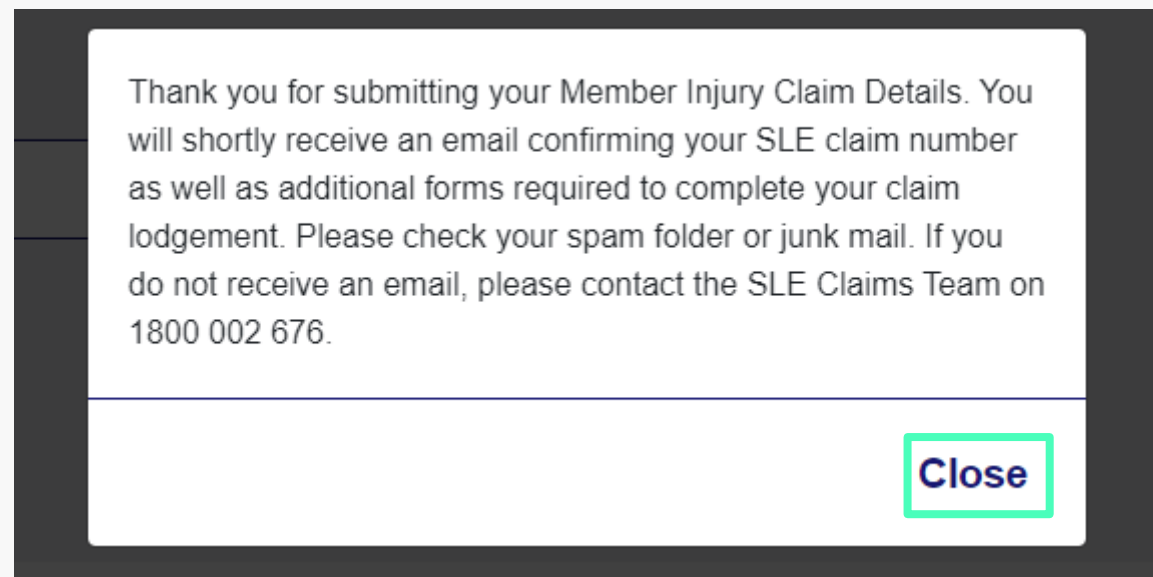
Should the claim be accepted and benefits payable we'll need your bank details to ensure prompt payment of any payable benefits.

| | |
|---|----------------------------------|
| Name of Account holder* | BSB* |
| <input type="text" value="Name of Account holder"/> | <input type="text" value="BSB"/> |

Account Number*

Step 15

After submitting, please read the information that appears on your screen
Then click **'Close'**



Step 16

You will receive an email with your Claims Forms attached as PDF's, as well as additional important information for your next steps

If you do not receive the email, please check your junk mail

Thank you for completing your Rugby Australia Member Injury Details Form. Please note your claim number as follows:

INJURY DATE: 2021-12-03
SLE CLAIM NUMBER: 1050560

****ADDITIONAL FORMS: All claims**

Before we commence assessment of your claim for this injury under the RA Group Personal Accident Insurance policy, you will need to complete and submit the following additional forms to us as soon as possible:

- RA Medical Statement: completed by your treating doctor.
- RA Club's Declaration: completed by an official from your Club.
- Disclosure & Privacy Consent: signed by you (or a parent/guardian if under 18).

****ADDITIONAL FORMS: Loss of Income**

If you wish to claim Loss of Income benefits, please ALSO submit the following forms:

- RA Employment Details: completed and signed by your employer/paymaster.
- Unfit Medical Certificates: you must get a Doctor's certificate for every 4 weeks unfit to work.
- Tax File Number (TFN) Declaration Form: you must complete this form as required by the ATO.

Submit completed forms by email to myclaim@sleworldwide.com.au and include your SLE Claim Number in the email Subject.

PLEASE NOTE

>> AMBULANCE FEE ONLY CLAIMS >>

If you are only claiming for Ambulance fees, you do not need to provide the RA Medical Statement.

>> FURTHER INFO >>

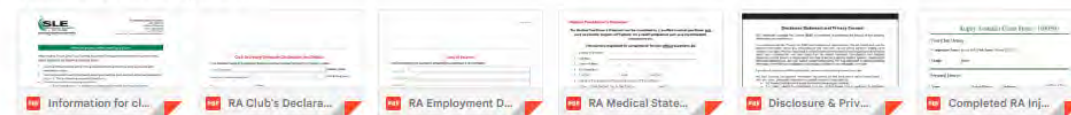
For further information on claiming please go to ra.aon.com.au or refer to the attached "Information for Claimants" document. Full details of eligible expenses and benefit limits are set out in the Policy Schedule and Product Disclosure Statement (POS) available from Rugby Australia, Aon, or you can contact us for a copy.

>> FURTHER QUESTIONS? >>

If you have any questions about the status of your claim, please call us on 1800 002 676. For information about our Privacy, Complaints & Disputes policies visit www.sleworldwide.com.au

SLE Worldwide Australia Pty Limited
ABN: 15 066 675
General: 02 9249 4850
Claims: 1800 002 676
Fax: 02 9249 4840
Claims Email: myclaim@sleworldwide.com.au
SLEref#1050560#

6 Attachments • Scanned by Gmail



Reply

Forward

Need help with your Insurance Claim?

If you require further support with your claim, you can contact SLE Worldwide directly on:

1800 002 676 or

claimsenquiries@sleworldwide.com.au