



Recurrence of Disability Claim Form

To be completed where an injured person has lost further time following a return to work or where there has been a renewal of treatment of the original disability. Attach medical certificates and reports if available.

Claim No.

The Injured Person

Surname <input type="text"/>		Other Names <input type="text"/>	
Address <input type="text"/>			
<input type="text"/>		Postcode <input type="text"/>	
Current Employer <input type="text"/>			
Employer at time of original disability/injury <input type="text"/>			
Type of injury or condition <input type="text"/>			
Date of original disability/injury <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of recurrence <input type="text"/> / <input type="text"/> / <input type="text"/>	
Date of return to work (if further time lost) <input type="text"/> / <input type="text"/> / <input type="text"/>			
Date medical certificate received <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of recurrence claim form received <input type="text"/> / <input type="text"/> / <input type="text"/>	

Details of Recurrence

Were you performing your work usual duties when the latest onset of symptoms of incapacity occurred? Yes No

If yes, what specific duties caused the recurrence?

If no, where were you and what were you doing?

Were there any witnesses to the onset of further symptoms? Yes No

If yes, provide names, addresses and attach statements.

Was the onset of further symptoms reported? Yes No

If Yes, when / / To whom?

What symptoms, if any, were you experiencing just prior to the latest onset?

What medical treatments were you receiving prior to the latest onset of symptoms?
State names of treating doctors and doctors and dates of treatment.

If you changed employment since your original disability, please provide: Names of employers, date worked and occupation.

Privacy Statement

GIO General Limited is a Suncorp company.

Suncorp is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investment and advice on financial services.

We need to collect personal information from you so we can:

- set up and administer a product for a customer;
- determines a customer's requirements and provide the appropriate product or service;
- assess a claim made by a customer under one or more of our products;
- assess our customers and their needs;
- improve our financial products and service.

Without this information, we cannot provide the product or service.

Protecting the privacy of our customers is a key part of our normal operations.

As one of a number of companies that form the Suncorp group, we may provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless it is contracted to Suncorp to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

A customer may:

- access the personal information that we hold about them;
- get more information about Suncorp;
- obtain a copy of our Privacy Policy;

by calling 13 10 10, or contacting us at gio.com.au or by visiting any of our branches.

Injured Person's Declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained in or annexed to this form relating to myself and the occurrence are true in substance and in fact to the best of my knowledge and belief.

I take notice that under the provisions of Section 59 (1) of the Workers Compensation and Injury Management Act 1981 I am required to notify my employer within 7 days if I commence work with another Employer after making this claim, or while receiving weekly payments of workers' compensation.

I authorise any doctor to disclose to my Employer, or his or her insurer, information in relation to my claim for worker's compensation which he or she may have acquired in relation to me.

By signing this claim form, I agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy policy.

Dated this	day of	20
Signature of Injured Person		
Signature of Witness		

FOR YOUR INSURANCE NEEDS PLEASE CALL GIO ON 13 10 10 ANYTIME



66 St George's Terrace Perth WA 6000
Telephone (08) 9320 3600
Facsimile 1300 553 488
Post: GPO Box B50 Perth WA 6838