

DECLARATION AND AUTHORISATION BY INJURED PERSON

Name _____
Surname *Given Names*

I hereby authorise any hospital, physician or other persons who have attended me, or any employer, to furnish Sportscover Australia Pty Ltd or their authorised representative with any illness or injury, medical history, consultation, prescriptions or treatment, copies of hospital or medical records and copies of all records of employers. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Signature Date / /

WARNING: Persons found to have lodged a fraudulent claim are liable for prosecution.