



Patient Detail

Name:

Jamie MILLER

Date of Birth:

03/09/1992

Gender:

Male

NHI No.:

MBM8174

Ethnicity:

Home Phone:

+64225745163

Work Phone:

+64225745163

Mobile Phone:

+64225745163

Address:

94A Chelsea Street
Linwood
Christchurch 8062

Email Address:

jamie-
southerncross@kansaigaijin.com

Employment Detail

In Paid Employment:

Yes

Employment Type:

Paid Employment

Other Employment:

Employer Name:

ACC

Employer Address:

Work Type:

Injury Detail

Accident At Work:

No

Gradual Process Injury Claim:

No

Treatment Injury Claim:

No

Motor Vehicle Accident:

No

Sport Injury:

No

Admitted To Hospital:

No

ACC To Contact Health Provider:

No

Accident Date:

09/07/2025

Location:

Scene:

Sport:

Cause of Accident:

wheel of scooter caught in deep gravel and fell off scooter landing on left shoulder, elbow, left head and hip

Assistance Required:

No

Comments:

Treatment Provider Details

Name:

Tania COOPER

Practice:

CareHQ
Nicholls Lane
Level 1 12
Parnell
Auckland 1010

Address:

Work Phone:

093547629

Fitness For Work

Incapacity

Can Resume Work:

Yes

Return To Work Date:

01/01/1900

In capacity Type	From	To	Review/Return Date	Alt. Work Type	Rest. Hrs/Day	Physical Restrictions
Fit for selected work	09/07/2025	22/07/2025	23/07/2025	Sedentary (i.e. sitting)	6	Other

PATIENT AUTHORISATION AND DECLARATION

COLLECTING YOUR MEDICAL AND OTHER RECORDS

Why we ask for your authority to collect your medical and other records

To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- income and tax records.

In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.

We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.

For more details see ACC's privacy notice at www.acc.co.nz/privacy.

Doctor Declaration

I certify that:

- On 12/07/2025, I have personally examined the patient and that in my opinion the condition is the result of an accident. I also certify that the patient (or their representative) has signed the Patient Declaration and Consent and has authorised me to lodge the claim on their behalf.

Doctor Signature: _____

Patient Authorisation

I declare:

- that the information I have given in this form is true and correct.
- Patient to sign here or legal guardian or representative: Jamie MILLER (MBM8174)

Patient Signature: _____

Declaration Date: 12/07/2025

ACC Number: MT69663

Accident Date: 09/07/2025