

# LeaseGuard Claim Form

This form should be completed and sent to:

**ECHELON CLAIMS SERVICES**  
 ecssa@echelonaustralia.com.au

**Telephone: (08) 8235 6455    Freecall: 1800 640 009    Address: GPO Box 1693 Adelaide SA 5001**

**Please tick boxes where appropriate**

## INSURED DETAILS

Insured Name:			
Address:			
State:	Postcode:	Telephone No Business:	
Mobile No:	Private No:		
Email Address:			
Are you registered for GST purposes? (Tick Box applicable)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what is your Australian Business Number (ABN)?			
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what percentage of the GST did you claim or are you entitled to claim? % <small>(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)</small>			

## PLEASE NOMINATE ACCOUNT DETAILS, SHOULD BENEFITS BE PAYABLE TO YOU

Bank:	Account Name:
BSB:	Account Number:

**NB: Insurers cannot settle your claim without the above information. If you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.**

## EMPLOYER DETAILS

Name of Employer:	
Employer Contact Name:	Employer Contact No:
Address:	
State:	Postcode: Telephone No:

## LEASE AND VEHICLE DETAILS

Name of Lessor:	
Lease Contract Number:	
Monthly Lease Rental Amount:	\$
Vehicle Description:	Rego No:
<b>Finance Lease:</b>	
What is the sale price of the vehicle, if known?	\$
<b>Operating Lease:</b>	
Has the vehicle been returned to nlc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the early termination amount?	\$

*(Please attach copy of the Lease Agreement Schedule with the lessor.)*

## CLAIM DETAILS

Please nominate which section of the policy you will be making a claim under: (Tick)	
Section A - Death & Disablement Benefit	<input type="checkbox"/>
Section B - Monthly Benefit	<input type="checkbox"/>
Section C - Hand Back Benefit	<input type="checkbox"/>

Please complete the relevant section below:

**Section A: Death & Disablement Benefit**

Date of Accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Describe exactly how the accident/ injury occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did the accident occur?

Nature and extent of injuries:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date present disablement commenced:

Were any drugs or alcohol consumed twelve hours prior to the Injury or illness? Yes  No

If Yes, please provide specific details, including any blood/ breath analysis results:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section B: Monthly Benefit (payable for 11 months from the 2nd payment due or until you resume employment)**

**Section C: Hand Back Benefit (to claim this benefit, You must terminate your lease between the 3rd monthly payment by us & before the 6th monthly payment by us).**

Lease Type: Finance  Operating

**General Questions**

*Please attach notice of retrenchment / redundancy or early forced cessation of fixed work contract or other similar document*

Date of retrenchment, Redundancy or cessation of fixed work contract:

What is the reason given by your Employer for it?

Have you found alternative Employment? Yes  No

If so, from what date?

If not, please advise what steps you have taken to find alternative work, Please provide any supporting evidence.  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are on a Fixed Term contract, what is the period of the Contract? \_\_\_\_\_ Please provide a copy of the contract.

Please refer to your Policy for the specific coverage, exclusions, terms and conditions.

**DECLARATION**

**Please complete below for all sections**

I declare that the above information is true and correct. I authorise Echelon Claims Service to obtain information from my employer/previous employer, or employment agency for claim verification purposes.

Signature of Insured/ Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Legal Representative (if applicable):

Address:

Contact: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Relationship of Legal Representative to Insured:

## ECHELON AUSTRALIA PTY LTD

ABN 96 085 720 056

### COLLECTION STATEMENT UNDER PRIVACY ACT 1988

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we Echelon Australia Pty Ltd (Echelon), including Echelon Claims Services, draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for any of the following purposes (depending on your requirements):
  - o approaching the (re)insurance market;
  - o placing insurance or providing alternative coverage;
  - o assessing and advising you on your insurance or coverage needs;
  - o providing claims handling or risk management services;
  - o providing you with information about other JLT products or services; and
  - o administering payments to you.
- The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other Echelon related group companies. Echelon is a business of Marsh and McLennan Companies (MMC). Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- Your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- By providing this information, you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application or claim or provide other required services.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- We will use and disclose your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed on our website (<https://www.echelonaustralia.com.au/privacy>).
- For further information contact your Account Executive, Claims Manager or our Privacy Officer at the following address:  
Echelon Australia Pty Ltd  
One International Towers, 100 Barangaroo Avenue  
SYDNEY, NSW, 2000  
Email: [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)  
Phone: (02) 8864 7688