

Motor Vehicle Claim Form



(The issue of this form is not an admission of liability)

This form should be completed and forwarded to:

Echelon Claims Services

Telephone: +61 (0)8 8235 6455 Email: ecssa@echelonaustralia.com.au

Trust Name: JLT (TIAIB) Motor Vehicle Discretionary Trust Arrangement

ABN: 13 479 889 012

MEMBER DETAILS

Name of Member:

Business Name:

Postal Address:

State:

Postcode:

Telephone:

Facsimile:

Email Address:

GST

Are you registered for GST?

YES

NO

If YES, please enter the Australian Business Number (ABN) and Input Tax Credit (ITC) entitlement percentage below.

ABN:		ITC (at start of current period of cover)	%
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If you fail to advise the availability of an Input Tax Credit or understate its availability, then you may have a liability to pay tax on the claim payment.

IMPORTANT – If more than one named insured is claiming for the loss, please supply details of ABN and ITC percentages applicable to each entity on a separate page and attach to claim form.

CLAIM DECLARATION

I wish to report this accident, but do not want to claim against my Policy at this time.

I submit this information in support of a formal claim against my Policy.

ACCIDENT DETAILS

Date of Event:

Time:

Address:

State:

Postcode:

Brief Description of accident: (including cause of loss or damage)

ACCIDENT DETAILS CONTINUED

Was the accident your fault? YES NO

If YES, give reasons:

If YES, did you admit liability? YES NO

If NO, did the other driver admit liability? YES NO

Indicate your speed prior to collision: Kms/hr

Estimated speed of the other vehicle: Kms/hr

Mark those conditions which apply to your accident:

WET DRY LOOSE OTHER

Traffic Controls:

NONE STOP SIGN ROUNDABOUT TRAFFIC LIGHTS

GIVE WAY SIGN OTHER;

Number of vehicle involved (including own vehicle):

VEHICLE DETAILS

Give details of your vehicle involved in the accident:

FLEET NUMBER	REG. NO.	YEAR	MAKE (E.G. HOLDEN)	MODEL (E.G. COMMODORE)

NAME OF REGISTERED OWNER	PURCHASE DATE	PRICE \$	CAB COMPANY

Does any other party have an interest (financial or other) in the vehicle? YES NO

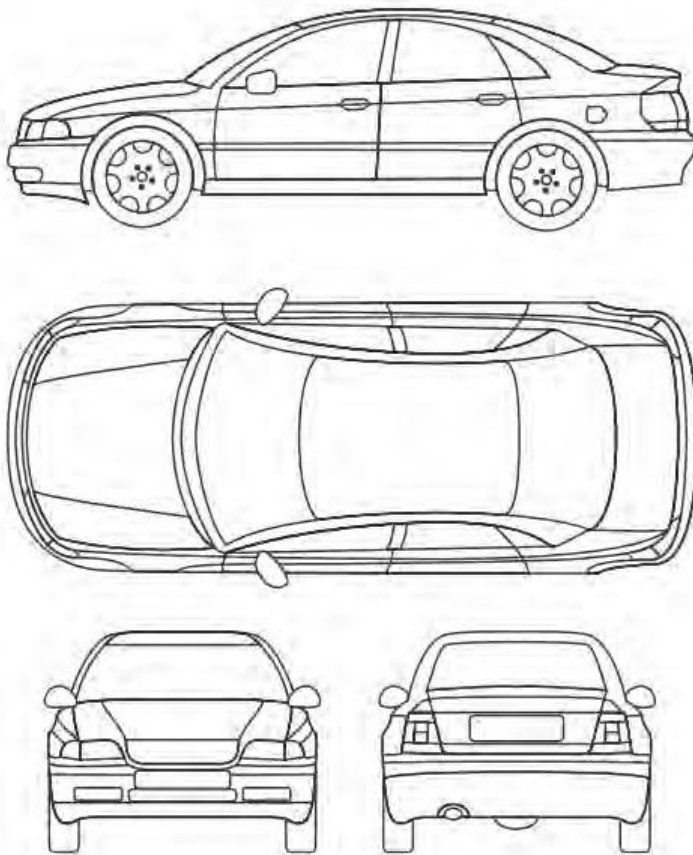
If YES, provide details

DRIVER DETAILS			
Who was the driver at the time of the accident?			
Was the driver one of the owners?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address of Driver:			
State:		Postcode:	
Date of Birth:		Telephone:	
Mobile:		Email Address:	
Provide License details of the Driver			
Type of license:	<input type="checkbox"/> FULL	<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> LEARNERS
LICENSE NO.	CLASS	EXPIRY DATE	YEARS HELD
You may be required to produce your current Driver's license.			
Was alcohol, drugs, medication consumed by the driver in the 8 hours prior to the accident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, state quantity:			
Was a breath analysis/blood test taken?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what type?	<input type="checkbox"/> FULL BREATHALYSER	<input type="checkbox"/> ALCO TEST	<input type="checkbox"/> BLOOD TEST
What was the reading?			
Please note that the analysis statement must be produced.			
Was this accident reported to the Police?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the Police attend the accident scene?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Police Station:		Police Report No:	
OTHER PARTIES			
Is any other party to blame for the loss or damage?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, who?			
In your own opinion, why?			
Have you received or do you anticipate receiving notice of any claim from or on behalf of any Third Parties?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

YOUR VEHICLE DAMAGE

Describe briefly the areas of damage sustained to your vehicle as a result of this accident.

Place "X" on diagram to show areas of damage:



Amount Claimed:		\$
Please indicate if you would like us to pay:	<input type="checkbox"/> The repairer direct (incl. GST)	<input type="checkbox"/> Direct to you (Nett of GST)
Was the vehicle drivable after the accident:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, give towing and repair details:		
Towed by:	Repairer:	

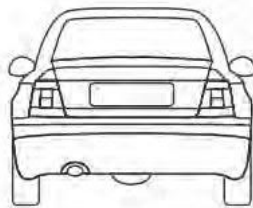
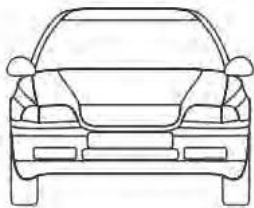
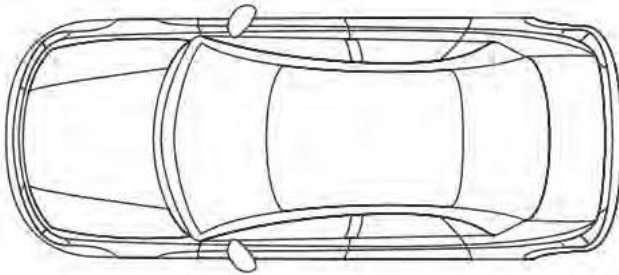
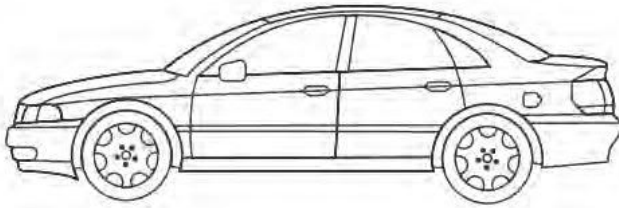
OTHER VEHICLE DAMAGE

Was the OTHER vehicle damaged as a result of this accident?

YES

NO

Place "X" on diagram to show areas of damage:



Accident Plan - Provide detailed sketch of accident

Indicate North



Your Vehicle



Other Vehicle

OTHER VEHICLES DETAILS

If other vehicles were involved in the accident, provide the following details:

Registered Owners Details

SURNAME	GIVEN NAMES	ADDRESS	POSTCODE	CONTACT NO.

Drivers Details

SURNAME	GIVEN NAMES	ADDRESS	POSTCODE	CONTACT NO.

Give details of the other vehicle involved in the accident:

REG. NO.	YEAR	MAKE (HOLDEN)	MODEL (COMMODORE)

Was their vehicle insured? YES NO

If YES, state name of Insurance Company:

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Was anyone injured in the accident? YES NO

If YES, which vehicle?

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Was the driver of your vehicle taken to hospital? YES NO

WITNESS DETAILS

Did any independent person(s) witness the accident? YES NO

If YES, give details:

SURNAME	GIVEN NAMES	ADDRESS	POSTCODE	CONTACT NO.

Witness 1

SURNAME	GIVEN NAMES	ADDRESS	POSTCODE	CONTACT NO.

Witness 2

SURNAME	GIVEN NAMES	ADDRESS	POSTCODE	CONTACT NO.

Witness 3

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DECLARATION

I/we do hereby declare that the foregoing answers are true and correct, that I/we have in no manner caused the said incident by any fraud or willful misrepresentation sought unjustly to benefit by the said incident and that the information detailed above is a true and faithful account of the actual incident.

I/we hereby undertake and agree to notify the Trust's Claims Manager immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Trust's Claims Manager, to return the property or to refund the amount of money received, by way of compensation in respect thereof.

No information likely to affect the acceptance of this claim has been withheld.

I/We understand that this claim may be refused if any information is false, or inaccurate or concealed.

I/we the undersigned hereby acknowledge and agree to the information contained herein (including our personal information), being shared with the other members of our JLT Discretionary Trust ("Trust") as part of the Trust's Risk Management processes and Reporting criteria.

BANKING DETAILS

BSB:	
Account Number:	
Account Name:	

OWNER'S DETAILS

Name of Owner:	
Signature of Owner:	
Date:	

DRIVER'S DETAILS

Name of Driver:	
Signature of Driver:	
Date:	

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM

Echelon Claims Services A division of Echelon Australia Pty Ltd ABN 96 085 720 056	GPO Box 1693 Adelaide South Australia 5001 Telephone: +61 (0)8 8235 6455 Email: ecssa@echelonaustralia.com.au
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MARSH COLLECTION STATEMENT

In accordance with the *Privacy Act 1988* (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the *Corporations Act 2001* (Cth)) ('Marsh') 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 the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the *Insurance Contracts Act 1984* (Cth), the *Marine Insurance Act 1909* (Cth) or at common law.
- 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 Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- 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.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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