TIAIB Personal Accident/ Taxi Association Claim Form

THIS FORM SHOULD BE COMPLETED AND FORWARDED TO:	
Echelon Claims Services A division of Echelon Australia Pty Ltd* ABN 96 085 720 056 GPO Box 1693 ADELAIDE SA 5001	Toll Free: 1800 640 009 Email: ecssa@echelonaustralia.com.au www.marsh.com

PERSONAL ACCIDENT / TAXI ASSOCIATION CLAIM FORM

IMPORTANT

We act upon your claim as soon as we receive this form. You can help us in the assessment of your claim, if you:

1. Complete this form in full. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Provide a comprehensive description of the circumstances of the accident / injury or the sickness.
3. If this claim form does not provide enough space, please use a separate piece of paper and attach as supplementary information.
4. When all information has been completed, please forward the claim form to Echelon Claim Services

PERSONAL STATEMENT

Claimant Name:					
Postal Address:					
				Postcode:	
Telephone No.:				Mobile No.:	
Email Address:				Facsimile No.:	
Date of Birth:		Height:		Weight:	
Occupation / Duties:					
Taxi Owner's Name:				Telephone No:	
Cab Number:			Registration Plate Number:		
Length of Employment / Contracting:					

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT				
EMPLOYER PLEASE CONFIRM: Please make Payment Payable to :			YES ☐	NO ☐
Cheque ☐	Direct Payment ☐	If you selected Cheque, nominate payee		
If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)				
Bank:		Account Name:		
Branch No.:		Account Number:		

CLAIMANT DECLARATIONS & MEDICAL AUTHORISATIONS			
I _____solemnly and sincerely DECLARE that the information given by me in this claim is true and complete. I UNDERSTAND and agree that if I make any false or fraudulent statements or fail to inform Beazley Underwriting Pty Ltd of any relevant information regarding my claim that my claim may be declined. I understand that I can be prosecuted if I make any fraudulent statement. I AGREE to supply any further information that may be requested of me in connection with my claim. I AUTHORISE any Doctor, Dentist, Hospital, Police, Allied Health Provider, Insurer, Company, Firm or Person to disclose to Beazley Underwriting Pty Ltd any and all information that they may request in connection with this claim, and I ACKNOWLEDGE that if I revoke or withdraw this authority at any time, my claim will be invalidated.			
My Medicare Number:			
I AGREE that a photocopy of this Authorisation shall be considered to be effective and valid as the original I have read and accept the Privacy Statement provided with this claim form			
Signature of Claimant:		Date:	

STATEMENT OF CLAIM (To be completed by the claimant)				
1. When did the accident occur?				
Date:		Time:		am/pm
2. What is the date of the first day you were unable to work?				
3. (a) In your own words, please provide a FULL description of how the injury occurred and what you were doing at the time:				
(b) During the 24 hours before the injury, did you consume alcohol or drugs?			YES ☐	NO ☐
If yes, please state types, quantities, and amount of time between last consumption and injury occurring:				

STATEMENT OF CLAIM (To be completed by the claimant)					
(c) Were Police in attendance as a result of this accident?				YES ☐	NO ☐
If yes, please provide a copy of their report or the attending officer's name and Police Station					
(d) Please provide names and addresses of any witnesses:					
(e) Was hospitalisation required?				YES ☐	NO ☐
If yes, name of Hospital:		Dates confined:			
Please also obtain and provide a copy of the emergency department Triage Report from the hospital					
(f) Was the use of an ambulance required?				YES ☐	NO ☐
4. Have you ever suffered from this or a similar injury in the past?				YES ☐	NO ☐
If yes, please provide details and dates:					
5. Are you making, or are you entitled to make a claim in respect of this injury or sickness for any of the following?					
Third Party Insurance (Motor Vehicle Accident)	YES ☐	NO ☐	Centrelink or Other Government Benefits	YES ☐	NO ☐
Other Insurance/ Own Income Protection				YES ☐	NO ☐
If yes, please provide details including Policy and Claim Number (and dates where applicable):					

STATEMENT OF CLAIM (To be completed by the claimant)		
7. Have you engaged in any other income earning employment since you became disabled?	YES ☐	NO ☐
If yes, please provide details (Name of Employer and Payslips)		
8. Name of your Superannuation Fund and Member Number:		
9. When did you, or when do you expect to resume work?		
Please provide your reasons explaining why you are unable to carry out your usual duties		
10. Do you consider yourself fit for alternative duties?	YES ☐	NO ☐
If yes, have you discussed the possibility with your employer and if so what was the outcome?		

INCOME DETAILS	
You are required to supply proof of your earnings to support your claim. Your earnings are defined as gross weekly income from personal execution after allowing for costs and expenses incurred in deriving that income, average over the 12 months prior to injury or any shorter period that you have been engaged as a taxi driver.	
Your Accountant's Name:	
Address:	
Phone No.:	

DOCTOR'S STATEMENT (PLEASE PRINT LEGIBLY – THIS FORM CANNOT BE ACCEPTED OTHERWISE)			
IMPORTANT 1. The Patient is responsible for any fee for this statement. 2. This form can only be completed by the treating Medical Practitioner or Surgeon (not Physiotherapist). Dashes or blank spaces are not acceptable – Claim cannot be considered if all information is not provided			
Patient's Full Name:		Date of Birth:	
1. (a) What date were you first consulted by the Patient in connection with the present injury?			
2. b) How long had the Patient been experiencing symptoms prior to consulting you for the first time?			

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

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

* Echelon Australia Pty Ltd (Echelon) ABN 96 085 720 056 is a business of Marsh & McLennan Companies (MMC)

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.