



Echelon Claims Services is a division of Echelon Australia Pty Ltd ABN 96 085 720 056
Address: GPO Box 1693 Adelaide SA 5001
Ph (08) 8235 6455 Free call 1800 640 009 Facsimile (08) 8235 6450

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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, GPO Box 1693 Adelaide SA 5001

For any queries on the completion of this form –
Please contact Echelon Claims Services on Ph (08) 8235 6455 or Free call 1800 640 009

Trust Name:

ABN:

Please tick boxes where appropriate

1. Member Details

Name of Member:

Business Name:

Telephone No:

Postal Address:

E-mail:

State:

Postcode:

Store Address:

Facsimile No:

State:

Postcode:

Division/Cost Centre:

Must be completed or claim will be inadmissible

Is this vehicle covered by your Floor Plan Insurer?

(Dealership Claims Only)

Yes

No

2. 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)

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.

3. 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;

4. Accident Details

Date of event:	Time:	Postcode:				
Address where event occurred:						
Brief Description of accident: (including cause of loss or damage)						
Amount Claimed: \$						
Please indicate if you would like us to pay:						
The repairer direct (including GST) <input type="checkbox"/>	OR	Direct to you (Nett of GST) <input type="checkbox"/>				
Was the accident your fault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If YES, give reasons -						
If YES, did you admit liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If NO, did the other driver admit liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
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 <input type="checkbox"/>	Dry <input type="checkbox"/>	Loose <input type="checkbox"/>	Other <input type="checkbox"/>		
Traffic Controls:	None <input type="checkbox"/>	Stop Sign <input type="checkbox"/>	Roundabout <input type="checkbox"/>	Traffic Lights <input type="checkbox"/>	Give Way Sign <input type="checkbox"/>	Other <input type="checkbox"/>
Number of vehicles involved (including own vehicle):						

5. Vehicle Details

Give details of your vehicle involved in the accident -			
Year	Make (e.g. Holden)	Model (e.g. Commodore)	Registration No.
Name of Registered Owner	Purchase Date	Price \$	
What purpose was the vehicle being used for at the time of the accident?	Private <input type="checkbox"/>	Business <input type="checkbox"/>	Other <input type="checkbox"/>
Does any other party have an interest (financial or other) in the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, provide details -			

6. Driver Details

Who was the driver at the time of the accident?

Was the driver one of the owners? Yes No

If NO, complete the following details -

Address of Driver:

State:

Postcode:

Date of Birth:

Occupation:

Private No:

Mobile No:

Do you own a motor vehicle? Yes No

If YES, give details -

Vehicle Registration No:

Name of Insurer:

Provide Licence details of the Driver:

Type of licence: Full Probationary Learners

Licence No	Class	Expiry Date	Years held	You may be required to produce your current Driver's licence

Was alcohol, drugs, medication consumed by the driver in the 8 hours prior to the accident? Yes No

If YES, state quantity: Was a breath analysis / blood test taken? Yes No

If YES, what type: Full breathalyser Alco test Blood test What was the reading?

Please note that the analysis statement must be produced

In the last 3 years has the driver had any accidents or traffic convictions other than parking fines? Yes No

If YES, give details – (if insufficient space, attach separate sheet with details)

Was this accident reported to the Police? Yes No

Did the Police attend the accident scene? Yes No

Police Station:

Police Report No:

7. Other Parties

Is any other party to blame for loss or damage? Yes 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? Yes No

If YES, please complete details in appropriate section on this claim form

8. 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:



Was the vehicle driveable after the accident? Yes No

If NO, give towing and repair details -

Towed by:

Proposed:

Accident Plan – provide detailed sketch of accident

Your vehicle



Other Vehicle



Indicate North

9. Other Vehicles Details

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

Registered Owners Details

Surname	Given Names	Address	Postcode	Contact Phone No.

Drivers Details

Surname	Given Names	Address	Postcode	Contact Phone No.

Give details of the other vehicle involved in the accident :

Year	Make (e.g. Holden)	Model (e.g. Commodore)	Registration No.

Was their vehicle insured? Yes No

If YES, state name of Insurance Company -

Was anyone injured in the accident? Yes No

If YES, which vehicle? Yours Others

Was the driver of your vehicle taken to hospital? Yes No

10. Witness Details

Did any independent person(s) witness the accident? Yes No

If YES, give details -

Witness 1

Surname	Given Names	Address	Postcode	Contact Phone No.

Witness 2

Surname	Given Names	Address	Postcode	Contact Phone No.

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 wilful 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: _____

Email Address: _____

Signature of Owner:

Signature of Driver:

Please Print Name:

Please Print Name:

Signature:

Signature:

Dated:

Dated:

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



ECHELON AUSTRALIA PTY LTD

ABN 96 085 720 056

COLLECTION STATEMENT UNDER PRIVACY ACT 1988

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

- We may collect personal information about you.
- 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 Echelon products or services. If you are proposing for or renewing insurance or membership, or membership of a Jardine Lloyd Thompson Discretionary Trust Arrangement (JDT Arrangement), the information is required pursuant to your Duty of Disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 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 Echelon related Group companies, such as Jardine Lloyd Thompson Pty Ltd (JLT). Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- 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 provide other required services, your application for insurance or membership of a JDT Arrangement may be declined or you may prejudice your insurance cover or cover under a JDT Arrangement.
- 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 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- 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 1988, you must obtain it with the individual's consent.
- Our Privacy Policy can be made available on request or can be accessed on JLT's website ([HYPERLINK http://www.jlta.com.au](http://www.jlta.com.au)).
- For further information regarding **Echelon's Privacy Policy**, contact your Account Executive, Claims Manager or the Privacy Officer for JLT and Echelon.
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