

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

Freecall: 1800 640 009 Fax: +61 (0)8 8235 6450 Email: ecssa@echelonaustralia.com.au

Trust Name: 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

%

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

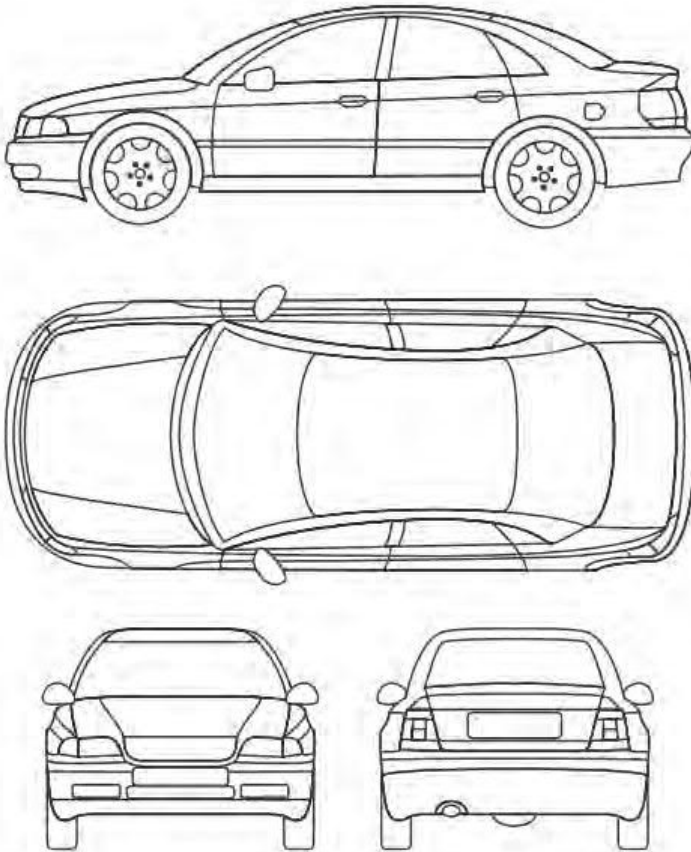
If YES, provide details

| 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:

The repairer direct (incl. GST)

Direct to you (Nett of GST)

Was the vehicle drivable after the accident:

YES

NO

If NO, give towing and repair details:

Towed by:

Repairer:

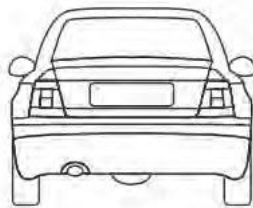
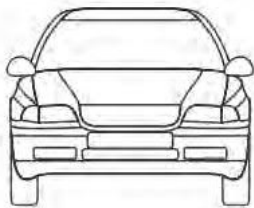
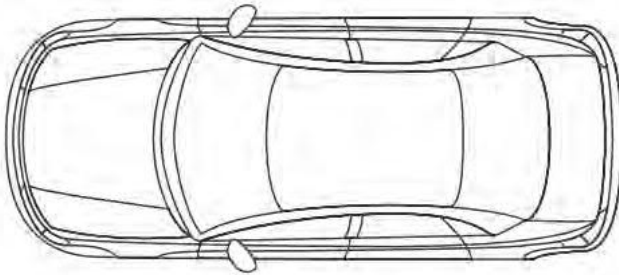
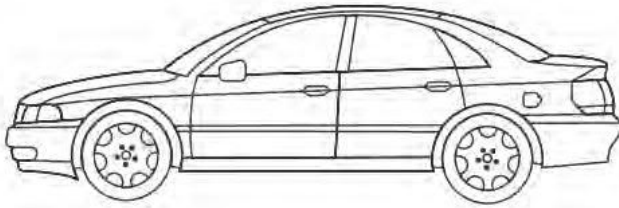
OTHER VEHICLE DAMAGE

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:

| |
|--|
| |
|--|

Was anyone injured in the accident? YES NO

If YES, which vehicle?

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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 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
Freecall: 1800 640 009
Fax: +61 (0)8 8235 6450
Email: ecssa@echelonaustralia.com.au





ECHELON AUSTRALIA PTY LTD

ABN 96 085 720 056

COLLECTION STATEMENT UNDER PRIVACY ACT 1988 (Cth)

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):
 - approaching the (re)insurance market;
 - placing insurance or providing alternative coverage;
 - assessing and advising you on your insurance or coverage needs;
 - providing claims handling or risk management services;
 - providing you with information about other JLT products or services; and
 - 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, such as JLT Risk Solutions Pty Ltd and JLT Group Services Pty Ltd. 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 centres 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. Telephone: +61 (02) 8864 7688. Email: privacy.australia@marsh.com