

LeaseGuard Claim Form

This form should be completed and forwarded to -
ECHELON CLAIMS SERVICES
GPO Box 1693 Adelaide SA 5001
Telephone: (08) 8235 6455 Facsimile: (08) 8235 6450
Email: ecssa@echelonaustralia.com.au
Please tick boxes where appropriate

INSURED DETAILS		
Insured Name:		
Address:		
State:	Postcode:	Telephone No Business:
Mobile No:	Private No:	
Email Address:		
PLEASE NOMINATE ACCOUNT DETAILS, SHOULD BENEFITS BE PAYABLE TO YOU		
Bank:		
Account Name:		
Branch Number (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 Previous Employer (issuer of Redundancy):		
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:		
Finance Lease:		
What is the sale price of the vehicle, if known? \$		
Operating Lease		
Has the vehicle been returned to SG Fleet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the early termination amount? \$		
<i>(Please attach copy of the Lease Agreement Schedule with the lessor.)</i>		

CLAIM DETAILS	
Please nominate which section of the policy you will be making a claim under: (Tick)	
Section A – Monthly Benefit	<input type="checkbox"/>
Section B – Hand Back Benefit	<input type="checkbox"/>
Section C – Carer Benefit	<input type="checkbox"/>
Please complete the relevant section below:	
Section A: Monthly Benefit (payable for 11 months, maximum \$15,000 inclusive of GST, from the <u>2nd payment due</u> or until you resume employment)	
Date of redundancy:	
Time of incident:	AM PM
Section B: Hand Back Benefit To claim this benefit you must terminate your lease between the 3rd monthly payment by us and before the 6th monthly payment by us	
Lease Type:	Finance <input type="checkbox"/> Operating <input type="checkbox"/>
Section C: Carer Benefit (Monthly lease payment for 6 months capped at \$5,000 inclusive of GST). To claim this benefit you must resign to provide full time care of Partner or Children for medical reasons	
Lease Type:	Finance <input type="checkbox"/> Operating <input type="checkbox"/>
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 Claimant:	
Date:	



Print
Paper Copy



Clear
Reset Form



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To your Computer



Send
Via Email



Freecall: 1800 640 009

ECHELON AUSTRALIA PTY LTD

ABN 96 085 720 056

COLLECTION STATEMENT UNDER PRIVACY ACT 1988

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Echelon Australia Pty Ltd and Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Echelon') draw your attention to the following:

- Echelon is a wholly owned subsidiary of Marsh Pty Ltd and part of the Marsh & McLennan Companies (MMC) group of companies.
- 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 Echelon 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 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 Echelon 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