



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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## LIABILITY 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:  
(on Membership pack)

Contact Person

Postal Address:

State:

Postcode:

E-mail:

Telephone No:

Facsimile 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. Third Party Details

<b>Name of 1st Third Party:</b>		Approx Age:
Address:	State:	Postcode:
E-Mail:		
Contact Numbers -		
Business:	Private:	Facsimile:
<b>Name of 2nd Third Party:</b>		Approx Age:
Address:	State:	Postcode:
E-Mail:		
Contact Numbers -		
Business:	Private:	Facsimile:
<b>PLEASE PROVIDE COPIES OF ANY CONTRACTUAL AGREEMENTS IN PLACE BETWEEN YOU AND THE OTHER PARTIES</b>		

### 4. Accident/Incident Particulars

Date of accident/incident:	Time:	am/pm
Date reported to you:	Time:	am/pm
Location of the incident:		
Describe how the accident/incident occurred - (please provide a diagram if appropriate)		
If you have admitted responsibility in any way provide details -		

### 5. Cause

In your opinion, was the accident/incident caused by or contributed to by an other party/object (i.e. vehicle, subcontractor)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide name, address and relationship of the Other Party -			
<b>Name of 1st Other Party:</b>		Relationship:	
Address:	State:	Postcode:	
Email:			
Contact Numbers -			
Business:	Private:	Facsimile:	
<b>Name of 2nd Other Party:</b>		Relationship:	
Address:	State:	Postcode:	
Email:			
Contact Numbers -			
Business:	Private:	Facsimile:	
<b>PLEASE PROVIDE COPIES OF ANY CONTRACTUAL AGREEMENTS IN PLACE BETWEEN YOU AND THE OTHER PARTIES</b>			

## 6. Effect

Personal Injury?

Property Damage?

### Personal Injury

Indicate the type and extent of the injury sustained:

Was treatment given at the scene of the accident? Yes  No

If YES, by whom?

Address:

State:

Postcode:

Was transport provided to hospital? Yes  No

If YES, please provide details e.g. ambulance?

### Property Damage

Description of loss or damage:

Indicate the extent of the damage:

Details of the Property Owner –

Name:

Address:

State:

Postcode:

Name and address of any other interested party:  
(e.g. Mortgagee, Trustee, Finance Company)

Approximate replacement/repair costs?

## 7. Witness Details

### Name of Witness 1:

Address:

State:

Postcode:

Telephone No:

Relationship:

Indicate where the witness was located at the time of the accident?

### Name of Witness 2:

Address:

State:

Postcode:

Telephone No:

Relationship:

Indicate where the witness was located at the time of the accident?

## 8. Slip, Trip & Fall Claims (Only complete if appropriate)

Detail what the person slipped/tripped on :


Detail the type of floor surface i.e. paved, tiled etc:


Height of any difference in the floor surface:

Was any spillage noted by staff following the incident?    Yes     No

### Details regarding maintenance/cleaning/inspection of the particular area –

(a) How often is the particular area cleaned/maintained/inspected?

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(b) Details of your company policy in regard to cleaning, maintenance and inspection:


(c) What time was the area last cleaned/inspected/maintained prior to the incident?  
(Please provide maintenance/cleaning records in support of this)

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(d) Details of any prior complaints made in regard to the particular area and your response to these complaints.


(e) What action was taken following the incident?


**PLEASE PROVIDE A COPY(S) OF CCTV OR VIDEO FOOTAGE OF THE INCIDENT**

## 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;

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:** \_\_\_\_\_

**Please Print Name**

**Signature:**

**Dated:**

**Witness:**

**Address:**

**Contact No:**

**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>}).
- 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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Telephone: +61 (02) 9290 8000