

EMERGENCY TRANSPORT CLAIM FORM

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: **JLT (CSI Member Benefits) Discretionary Trust Arrangement**

ABN: **56 279 303 288**

Please tick boxes where appropriate

1. Member Details

Title (Mr, Mrs, Miss, Ms)

Surname:

Given Names:

Street Address:

State:

Postcode:

Private:

Business:

Mobile:

Facsimile No:

2. Incident Details

State the exact date the ambulance was used?

Name of person who used the ambulance?

Relationship to Member (wife, daughter, member etc.)

Date of birth:

What was the reason for the ambulance usage?

Are you able to claim this account from any other source?

Yes

No

If YES, from where?

If the use of the ambulance is not as a result of an accident, provide the name and telephone number of the Doctor who requested the transport

Name:

Telephone No:

ORIGINAL ACCOUNT MUST BE ATTACHED TO THIS FORM



DECLARATION

- I wish to report this incident, but do not want to claim against the Trust at this time
- I submit this information in support of a formal claim against the Trust

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 Member:	Dated:
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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 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 (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 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 (Cth).
- 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 (Cth), 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 www.au.jlt.com
- For further information regarding **Echelon's Privacy Policy**, contact your Account Executive, Claims Manager or the Privacy Officer for JLT and Echelon

Echelon Australia Pty Ltd, Level 37, 225 George Street, SYDNEY NSW 2000
Telephone: (02) 9290 8000