

AMBULANCE CLAIM FORM

This form should be completed and forwarded to -
Echelon Claims Services, GPO Box 1693, Adelaide, SA, 5001 or
Email: ecssa@echelonaustralia.com.au

For any queries on the completion of this form -
Please contact Echelon Claims Services on 1800 640 009

Trust Name: CSI Member Benefits Discretionary Trust

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:

Email Address:

Mobile Number:

Home Number:

Business Number:

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 **DO NOT AGREE** to the information contained herein (including my 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 with CSI to assist in the management of this claim and the administration of the Trust.
- I/We **DO NOT AGREE** to the information contained herein (including my personal information) being shared with my current employer to assist in the management of this claim.

Banking Details

BSB: _____

Account Number: _____

Account Name: _____

Email Address: _____

Signature of Member:

Dated:



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