

ASSET PROTECT CLAIM FORM

PLEASE USE BLOCK LETTERS WHILE COMPLETING THIS FORM

CLAIMS HOTLINE: 1800 640 009
or call direct: **(08) 8235 6455**

Please forward your completed claim form to:

Echelon Claims Services
GPO Box 1693
Adelaide SA 5001

FAX:
(08) 8235 6450

EMAIL:
ecssa@echelonaustralia.com.au

PART 1 - COMPLETE FOR ALL CLAIMS: CLAIMANT DETAILS

(a) Name of Club/
Association (Member): _____
Affiliated Association
(if applicable) _____
Policy Number
(circle if known) _____
Contact Name: (Mr) (Mrs) (Ms) (Miss) _____

(b) Contact Details: _____
Postal Address

Suburb _____ State _____ Post code _____
() ()
Telephone (office hours) _____ Mobile Number _____ Fax Number _____

Email Address _____

(c) Location at which loss, damage or accident occurred (e.g. address): _____

(d) For what purposes are the premises at this location occupied? _____

(e) i Is your sporting body registered for GST? Yes No
ii If yes, please enter your Australian Business Number (ABN): _____
iii If yes, please enter your Input Tax Credit (ITC) entitlement: (at start of current period of cover) %

If you fail to advise the availability of an ITC or understate its availability, then you may have a liability to pay tax on the claim payment.

Important – If more than one named Member is claiming for the loss, please supply details of ABNs and ITC percentages applicable to each entity on a separate page and attach to claim form.

(f) Please tick if you would prefer payment to be made to:
 Direct to the Repairer/s (including GST) Direct to you (net of GST)

If you would prefer payment to be made direct to the repairers, please ensure relevant payment details are provided: either via the Repairer's tax invoice, or by adding a separate page to this claim.

PART 2 - COMPLETE FOR ALL CLAIMS: CLAIM DETAILS

(a) Date loss, damage or accident occurred: _____ Time: _____ (a.m.) / (p.m.)

(b) What was the nature of the loss, damage or accident? (e.g. *Damage to roof tiles*) _____

(c) How was it caused? (e.g. storm) _____

(d) What steps were taken to prevent or reduce further loss, damage or injury? _____

(e) In accordance with the Lease/Rental Agreement, is the landlord required to pay for the repairs or replacement? Yes No

(f) Does any person other than yourself have an interest in the property? Yes No
 If "yes", give details: _____

(g) Do you have any other cover for this property? Yes No
 If "yes", state the company and amount: _____

(h) Was immediate notice given to either Marsh or the Claims Manager of the loss? Yes No
 If "yes", to whom and when: _____

(i) Have you or anyone comprising the Member either alone or with others ever previously suffered a loss and/or claimed for a similar event? Yes No

(j) Has an Invoice or Account been paid? Yes No

PART 3 – DETAILS OF STOLEN / DAMAGED GOODS

Full description of articles stolen or damaged, including year of manufacture, make and model where applicable	Serial No. / Make	Date purchased or acquired	Price originally paid	Value at time of loss (allowing for depreciation)	Name of Repairer (if appropriate)	Amount Claimed
<i>If more space is required please attach additional page to claim. N.B. Documents may be required to support your loss. To avoid delay: attach supporting documentation giving the separate items of cost and any Repairer's report.</i>					Total Amount being claimed:	\$

PART 4 - BURGLARY, THEFT, MONEY, MALICIOUS DAMAGE AND LOST PROPERTY

**Please note with a claim for burglary, theft or malicious damage, it is your responsibility to have notified the police immediately.*

(a) Were police authorities notified of the occurrence? _____

If so, are the police investigating the matter? Yes No

(b) Police Crime Report Number _____

(c) Do either you or the police suspect any person or persons? Yes No

If "yes", whom? _____

(d) Have you received or do you anticipate receiving notice of any claim from or on behalf of any Third Parties? Yes No

(e) By whom was the loss reported or discovered and under what circumstances? _____

(f) Were the premises forcibly entered? Yes No

(g) If "yes", what evidence was found to indicate that forcible entry was made? _____

(h) Were the premises attended at the time of entry? Yes No

(i) If the premises were unattended, state period left unattended (e.g. one week), and also whether all doors, windows and other openings were securely fastened:

(j) If premises were damaged during the Burglary, describe such damage: _____

PART 5 - GLASS

Size	Salvage (approx.)	Item (door, shelf, etc.)	Type (plate, sheet, etc.)	Ornamentation (state details & value)

If more space is required please attach additional page to claim.

PART 6 - MACHINERY BREAKDOWN - ELECTRONIC EQUIPMENT

(a) Is the damaged item the original in the machine? Yes No

(b) If "no", when was the damaged item installed? _____

(c) Has the warranty expired? Yes No

(d) If still under warranty, have you claimed against it? Yes No

(e) Location of damaged item for inspection: _____

(f) From whom was the unit purchased? _____

(g) Was the item purchased: new? second hand? Age of unit: _____

(h) i Have repairs commenced? Yes No

(h) ii If "yes", what is the name of repairer? _____

(h) iii What is the address of repairer? _____

(h) iv What is your/repairer's estimate of the cost of repairs? _____

(i) Describe machine it forms part of (e.g. Cold Room): _____

(j) i Do you have any other cover for spoilage of refrigerated food,? Yes No

(j) ii Name of Insurer _____

(j) iii If so, are you making a claim? Yes No

(j) iv If "yes", please give details of damaged goods: _____

If more space is required please attach additional page to claim.

PART 7 – GENERAL PROPERTY (TRANSIT)

- (a) Do you have any other Transit insurance covering the property Yes No
- (b) If “yes”, state company: _____ and insured amount: _____
- (c) i Was the loss/damages incurred while goods were in the possession of a hired/contracted Carrier? Yes No
- (c) ii If “yes”, what is the name of the Carrier: _____
- (c) iii What is the postal address of Carrier? _____
- (c) iv Business Number: () _____ Mobile Number: _____
- (d) Location of damaged item/s for inspections: _____
- (e) i Have repairs commenced? Yes No
- (e) ii If “yes”, what is the name of repairer? _____
- (e) iii What is the postal address of repairer? _____
- (e) iv Has this invoice been paid? Yes No
- (e) v Who authorised repairs? _____

PART 8 – REVIEW FOR ALL CLAIMS: DOCUMENTATION REQUIREMENTS

- (f) **PLEASE FORWARD: (This action must be taken before settlement of any claim can be considered)**
- A letter of demand to the Person/Company you hold responsible for this loss.
- TO ECHELON:
- Copy of and reply to this demand
 - Copy of any invoice/s
 - Copy of consignee’s advice of any non-delivered item/s
 - Advice as to the measures initiated to locate any non-delivered items
 - Copy of Carriers Consignment Note, Bill of Lading or Airways Bill including Conditions of Carriage
 - Copy of the Carriers Manifest/Inventory (where possible)

PART 9 - DECLARATION

I declare that the above particulars are a true account of the loss and/or damage sustained by the sporting body and that the claim shown above does not include any profit or advantage of any kind. I declare that the sporting body has in no manner caused the claimed incident by any fraud, or by willful misrepresentation sought unjustly to benefit by the claimed incident.

I declare that no information likely to affect the acceptance of this claim has been withheld. I understand that this claim may be refused if any information is false, or inaccurate or concealed.

I undertake and agree to notify the Trust's Claims Manager (Echelon Claims Service) immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Trust's Claim Manager, to refund the amount of money received, by way of compensation in respect thereof.

I declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has willfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

I agree to authorise Echelon Claims Services to give to, or to obtain from, other insurers or an insurance/credit reference bureau any information relating to this insurance and any other insurances held by me/us now or in the past and claim under those Insurances.

I acknowledge and agree to the information contained herein (including our personal information), being shared with the other members of our Marsh Discretionary Trust as part of the Trust's Risk Management processes and Reporting criteria

WARNING: Persons found to have lodged fraudulent claims are liable for prosecution.

Signature

Date

Full name (please print)

Signature of Witness

Date

Full name of Witness

Witness's relationship with Member

The issue and acceptance of this form does not constitute an admission of liability on the part of the Insurer.

PAYMENT DETAILS:

EFT Payee Details:

Bank

Name on Account

BSB

Account Number

If you would like to include any additional general comments in regards to this claim, please attach any necessary additional pages to this claim form.

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Adelaide SA 5001

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Marsh Collection Statement

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') 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 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 Marsh 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 Marsh & McLennan group of companies ('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 Marsh 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

Echelon Australia Pty Ltd (Echelon) ABN 96 085 720 056 is a business of Marsh & McLennan Companies (MMC)

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.