

## AMBULANCE CLAIM FORM

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO:**

Echelon Claims Services – GPO Box 1693, Adelaide SA 5001

Email: [ecssa@echelonaustralia.com.au](mailto:ecssa@echelonaustralia.com.au)

Phone: 08 82356455 or Free call: 1800 640 009

### MEMBER DETAILS

Full Name:			
Residential Address:			
State:		Postcode:	
Telephone Number:		Mobile Number:	
Email:			
Date of Birth:			

### INCIDENT DETAILS

What was the exact date the ambulance was used?	/	/
Name of person who used the ambulance:		
Relationship to Member (wife, daughter, member etc.)		
Date of birth:		
Are you able to claim this account from any other source?	YES	NO
If YES, from where?		
If the used 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**

## AUTHORITY & 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 acknowledge my claim is subject to the application of a \$50 excess

I/we hereby declare that the forgoing answers are true and correct, that I/we have in no manner caused the said incident by any fraud or willful 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.

No information likely to affect the acceptance of this claim has been withheld.

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 Discretionary Trust (Trust) as part of the Trust's Risk Management processes and reporting criteria with ReddiFund, as it may be required to assist in the management of this claim and the administration of the Trust.

## BANKING DETAILS

Account Name:	
BSB:	
Account Number:	
Email Address:	
Please Print Name:	
Signature:	
Dated:	

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 (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](mailto:privacy.australia@marsh.com)