Loan Termination Insurance
-Claim Form-

You must answer **ALL** questions. Where indicated please tick box ✓ as applicable.

Policy No.	Period of Insurance: From / / to / /

SECTION 1: GENERAL INFORMATION (COMPULSORY)

Full Name of Insured: Surname:_____ Given Names:_____

Date of Birth: ____/____/____

Private Address:_____

Postal Address:_____

Name of Employer:_____

Occupation:_____

Telephone: Private:_____ Business:_____ Email:_____

Vehicle Details (make and model):_____ Registration No:_____

Dealership Vehicle purchased from:_____

Finance Company:_____ Finance Contract No._____

Amount of Monthly Payment:_____ Outstanding Balance:_____ Date Payment Due:_____

Reason for Claim: PLEASE TICK ONE

☐ **Involuntary Unemployment**	Complete Sections **2, 4 & 5**
☐ **Trauma,**Disability & Driving Restriction	Complete Sections **3 & 5**
☐ **Job Transfer, Bankruptcy & Divorce**	Complete Sections **4 & 5**

SECTION 2: INVOLUNTARY UNEMPLOYMENT CLAIM

Name and Address of last employer: Name:_____

Address:_____ P/Code:_____

Was this employment Permanent, Seasonal, Contract of Service or of a specific period?_____

Date employment Commenced: ____/____/____

Date employment Ceased: ____/____/____

Period employed:_____

Hours worked per week:_____

Reason for termination:_____

Did you voluntarily resign? ☐ YES ☐ NO

Date you registered with Centrelink as Unemployed: ____/____/____

Date re-employment commenced: ____/____/____

Centrelink Office where you registered as Unemployed:_____

Period for which you are claiming: From:____/____/____ To:____/____/____

SECTION 3A ONLY: DRIVING RESTRICTION CLAIM (PLEASE COMPLETE 1-8 ONLY)
SECTION 3A & B: TRAUMA & DISABILITY
(TO BE COMPLETED BY TREATING DOCTOR)

SECTION 3A

1. Name of Claimant: _____

2. Occupation: _____

3. Are you the Claimant's usual medical attendant? _____

4. State FULLY the exact nature and extent of injuries sustained and/or illness/disabilities suffered by the Claimant (Detail organs affected etc): _____

_____

_____

_____

5. On what date did you first attend the Claimant in connection with his/her present disablement? ____/____/____

6. Was there any external and visible sign of injury? ☐ YES ☐ NO

If YES, give details: _____

7. In your opinion would the symptoms have been evident to the Claimant for any length of time? _____

_____

8. **DRIVING RESTRICTIONS ONLY—PLEASE ENSURE THE APPROPRIATE AUTHORITIES HAVE BEEN ADVISED**

State the period for which the Driving Restriction will apply: **From:** ____/____/____ **To** ____/____/____

SECTION 3B

9. State period that the claimant:

a) will be totally unable to attend his/her usual occupation or business: From: ____/____/____ To: ____/____/____

b) has been totally unable to attend his/her usual occupation or business: From: ____/____/____ To: ____/____/____

9. When did he/she or at what date do you expect that the Claimant will be able to resume:

a) some part of his/her work? From: ____/____/____ To: ____/____/____

b) the whole part? From: ____/____/____ To: ____/____/____

10. Has the treatment or medicine prescribed by you been adhered to by the Claimant: ☐ YES ☐ NO

11. Are you aware of the claimant previously suffering from this condition: ☐ YES ☐ NO

If YES please provide FULL details: _____

_____

12. Has the Claimant previously suffered from any illness which would have contributed to or would have accelerated the occurrence of the Claimaint's current medical condition: ☐ YES ☐ NO

If YES please provide FULL details: _____

_____

_____

GENERAL REMARKS

_____

_____

Name: _____ Qualifications: _____

Address: _____ P/Code: _____

Signature: _____ **Date:** ____/____/____

SECTION 4: REQUIRED DOCUMENTATION

When claiming under the following policy terms please provide the following documents:

Personal Bankruptcy:

- A copy of the order of a court confirming your bankruptcy

Divorce:

- A copy of the order of a court confirming termination of marriage

Unemployment

- A copy of your separation certificate
- A copy of your registration with Centrelink

Job Transfer

- A copy of your job transfer letter confirming both your relocation details and the expected duration

Driving Restriction

- A copy of your letter outlining the driving restrictions from the appropriate authority

SECTION 5: DECLARATION AND SIGNATURE OF INSURED

- I hereby declare that the information I have submitted in relation to this claim is true and correct in every particular;
- In the event that this claim references any Accident, Injury or Illness, I authorise all Medical Professionals to supply Eric Insurance with my complete medical history including fully detailed medical reports, clinical notes, examination findings, and full details of any period of incapacity that may have arisen from the condition for which treatment was sought;
- I agree to provide any information that is requested by Eric that it deems is relevant to assessing this claim; and
- I acknowledge that Eric Insurance may provide, and obtain from, other insurers and/or the Insurance Reference Bureaux personal information relating to this claim as well as claims I have previously lodged, in accordance with Eric's Privacy policy. I understand that I may request a copy of Eric's Privacy policy at any time or obtain it from Eric's website.

Signature of Insured:_____ **Date:**_____/_____/_____

Print Name: _____

(A photocopy of this authority has the same effect as the original)

RETURNING INSTRUCTIONS:

Please complete and return this form to the Postal Address below, together with all documentation requested to:

Eric Insurance Limited

PO Box 9106 Scoresby VIC 3179

claims@ericinsurance.com.au

CLAIM ENQUIRIES:

Eric Insurance Limited claims officers are available to assist you with any queries relating to your claim. Please contact our Australia wide phone service on Free Call 1800 99 99 77 for assistance. If you have an unresolved complaint or dispute, you should first speak with our Operations Manager.

If you are not able to resolve your concerns with the Operations Manager, you should ask that your query be referred to Eric's Internal Disputes Department.