THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Lease Protection

Claim Form

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

IMPORTANT NOTICE:

- This form is to be completed and signed by a Principal of the Insured when notifying a Claim or a fact or circumstance that has the potential to give rise to a Claim.
- All questions must be answered in full. If there is insufficient space, please provide further details on the Insured's letterhead.
- Please attach all relevant correspondence and documentation.

Policy Number:

A PARTICULARS OF INSURED

1. Name:

2. Residential Address:

Street Address:

Suburb/Town: State: Postcode:

3. Telephone:

4. Email:

5. Delivery Date of Vehicle:

6. Period of Lease: Months

B PARTICULARS OF CLAIM

1. Details of Last Employer:

Name:

Address:

Post Code: State: Suburb:

Telephone: Email:

Contact Person:

Position Held:

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2. Period of Employment:

From: To:

3. Status of Employment:

☐ Full Time ☐ Permanent Part Time ☐ Casual

☐ Other, Please state below:

4. When did you cease employment:

5. Was cessation of employment voluntary? ☐ YES ☐ NO

(a) Please state reasons for leaving your employment (if dismissed please state reasons)

6. Have you recommenced employment? ☐ YES ☐ NO

(a) *If **Yes,** please advise commencement date:*

7. Name of New Employer:

8. Address of New Employer:

Post Code: State: Suburb:

9. Telephone Number:

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DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____