

Unemployment/Change of Circumstances

Claim Form

Policy No. _____	Period of Insurance: From _____ / _____ / _____ to _____ / _____ / _____
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Section 1: General Information

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 Number: _____

Dealership Vehicle purchased from: _____

Finance Company: _____ Finance Contract No. _____

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

Section 2: Involuntary Unemployment Claim

Name and Address of Last Employer: Name: _____

Address: _____

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 3: Required Documentation

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

Unemployment:

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

Section 4: 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;
- I give authority to obtain finance documents from the financiers
- I give authority to obtain employment information from my employers
- 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 Limited may provide, and obtain from, other insurers and/or the Insurance Reference Bureau personal information relating to his 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

Claims 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 999 977 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.