

LEASE PROTECTION CLAIM FORM

Policy Number	
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PARTICULARS OF INSURED							
Surname			First Name				
Residential Address							
				State		Postcode	
Postal Address							
State		Postcode		Email			
Telephone Number		()		Date of Birth			
Delivery Date of Vehicle			Period of Lease			Months	

PARTICULARS OF CLAIM							
Name of Last Employer							
Address of Employer							
				State		Postcode	
Telephone Number		()		Name of Contact Person			
Email							
Position Held							
Period of Employment	/ / to / /						
Status of Employment	Full Time <input type="checkbox"/>		Permanent Part Time <input type="checkbox"/>		Casual <input type="checkbox"/>		
Other (please state)							
When did you cease employment							
Was cessation of employment voluntary				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Please state reasons for leaving your employment (if dismissed please state reasons)							

Please state reasons for leaving your employment (if dismissed please state reasons) continued				
Have you Recommended Employment		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please advise commencement date	
			/ /	
Name of New Employer				
Address of New Employer				
		State		Postcode
Telephone Number		()		

DECLARATION AND AUTHORISATION

I declare that the above statements are true and correct in every particular. 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 hereby authorise any persons and/or organisations that have employed me, to provide Prorisk details of my employment history. (I agree that a photocopy of this authorisation shall be considered as effective and valid as the original).

Name (Please Print)		
Signature		
Date		/ /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED.

All Questions on this form must be fully answered. You must advise us immediately if you gain employment after submitting this claim form. Return the completed claim form to newclaims@prorisk.com.au or mail to PO Box 542, East Melbourne, VIC, 8002