

General Code of Practice

We operate in accordance with the General Insurance Code of Practice.

Privacy Statement

Calliden is committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

Calliden requires personal information about you to assess your request for insurance and to administer your policy, and also to notify you about other Calliden services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- Our own staff and contracted staff
- Claims adjusters, lawyers and others appointed by us or on behalf of us for claim handling purposes; and
- Our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia)

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your policy, or you may breach your Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you.

GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC.

The amount that we are liable to pay under this policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are liable to pay an excess under this policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the excess.

Disputes Resolution

At Calliden we strive to make our customers happy. However, complaints do occur and when they do we try and resolve them as quickly and easily as possible.

Contact us

Call 1300 785 544 and we will try and resolve your complaint straight away. If we can not, we will ask you to put your complaint in writing.

You can write to us at:

E-mail: customerservice@calliden.com.au

Fax: 02 9551 1155

Address: Suite 1, Level 3, Building B, 207 Pacific Highway, St Leonards NSW 2065

Section 1**Policy Information**

Name of policy holder _____ Policy Number _____

Address details _____

Occupation _____

Are you registered for GST? Yes No

What is your ABN? _____

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy? Yes No Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? Yes No

Specify the percentage amount claimed or intended to be claimed _____ %

Section 2**Theft Loss or Damage**

Date and time of loss or damage Date ____ / ____ / ____ Time _____ am/pm

Address of premises from which article(s) was/were stolen from

_____Are you the only occupier of your premises? Yes No Give detail of other occupants _____
_____Are you the sole Owner of the article(s) damaged or stolen? Yes No If No, please provide name(s) and the nature of interest of others.

_____Who discovered the loss or damage?

Date and time loss or damage was discovered Date ____ / ____ / ____ Time _____ am/pm

Were there any witnesses to the loss or damage? Yes No Name, address and contact details of witness one _____
_____Name, address and contact details of witness two _____
_____How was entry gained to the premises? _____
_____Where the premises occupied at the time of the loss? Yes No

Section 2**Theft Loss or Damage (cont'd)**

If Yes, please provide details of person(s) at the premises at this time _____

When was the premises last occupied? Date ____/____/____ Time _____ am/pm

Was the premises fully secured at the time of the theft? Yes No

If No, please provide details as to why not fully secured _____

At the time of loss, was any part of the premises let or sub-let? Yes No

If Yes, please provide details _____

At the time of the loss, what was the estimated value of the total contents at the premises? \$ _____

Are there any other insurances against burglary or theft for the article(s) stolen? Yes No

If Yes, please give details of the other insurance company's name and policy number _____

Have you ever had a loss involving burglary or theft before? Yes No

If Yes, please provide the details including the Company insured with at that time _____

Is there any other information relevant to this claim? Yes No

If Yes, please provide the details _____

Was the incident reported to the police? Yes No

Name of police station that the incident was reported to _____

Date reported ____/____/____ Police office report number _____

Name of police officer _____

Details of the Article(s) for which a Claim is Being Made

Please forward any quotations and/or tax invoices for cost of repairs, together with documents to substantiate your claim (e.g. proof of original purchase). If insufficient space then please attach another piece of paper, which should be signed and dated.

Full description of article(s) including brand, model No., size etc	From Whom Purchased	Date of Purchase	Amount Paid	Repair or Replacement Cost (exc GST)	Amount of GST	Amount Claimed

Section 3

Loss of Money

Date and time of loss or damage Date ____ / ____ / ____ Time _____ am/pm

Address of premises from which money was stolen

Are you the only occupier of your premises? Yes No

Provide detail of other occupants _____

Are you the sole Owner of the money stolen? Yes No

If No, please provide name(s) and the nature of interest of others _____

Who discovered the loss or damage? _____

Date and time loss or damage was discovered Date ____ / ____ / ____ Time _____ am/pm

Location at premises where the money was lost or stolen from (e.g. from safe, cash drawer etc)

Section 3**Loss of Money (cont'd)**

Was the incident reported to the police? Yes No

Name of police station that incident was reported to _____

Date reported ___ / ___ / _____ Police office report number _____

Name of police officer _____

Were there any witnesses to the loss or damage? Yes No

Name, address and contact details of witness one _____

Name, address and contact details of witness two _____

How was entry gained to the premises? _____

Was the premises occupied at the time of the loss? Yes No

If Yes, please provide details of person(s) at the premises at this time _____

When were the premises last occupied? Date ___ / ___ / _____ Time _____ am/pm

Were the premises fully secured at the time of the theft? Yes No

If No please provide details as to why not fully secured

At the time of loss, was any part of the premises let or sub-let? Yes No

If Yes, please give details

Are there any other insurances against loss of money? Yes No

If Yes, please give details of the other company's name and policy number

Have you ever had a loss involving burglary or theft of money before? Yes No

If Yes, please provide the details including the company insured with at that time

Is there any other information relevant to this claim? Yes No

If Yes please provide the details

Section 4	Details of Money Claim
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What is the amount of money lost or stolen? \$ _____

What is the amount you are claiming? \$ _____

Please provide a break-up of the money lost/stolen (e.g. amount in cash, credit cards, etc.)

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Declaration

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I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Calliden using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Calliden may not be able to process my claim.

I consent to Calliden disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Calliden also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature _____ Date ____/____/____

Please indicate the number of additional pages attached to this claim form: _____