

# Calliden

## Property Claim Form



### 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](mailto: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**

**Loss or Damage**

Date and time of loss or damage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ am/pm

Location of loss or damage \_\_\_\_\_

Are you the only occupier of your premises? Yes  No

If no, give details of other occupants \_\_\_\_\_

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 \_\_\_\_\_

Were the premises broken into? Yes  No

When were the premises last occupied? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Were the premises securely locked? Yes  No

How was entry gained? \_\_\_\_\_

Have steps been taken to improve security of the premises? Yes  No

Details of security upgrade \_\_\_\_\_

Name of police station that incident was reported to \_\_\_\_\_

Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of police officer \_\_\_\_\_ Police office report number \_\_\_\_\_

**Section 2**

**Loss or Damage (cont'd)**

In case of loss/damage caused by fire please provide fire station details

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Date reported to fire brigade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Details of the loss \_\_\_\_\_

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**Section 3**

**Repair, Replacement or Settlement**

Is the property repairable? Yes  No

Are quotes for repairs attached? Yes  No

If property is unable to be repaired attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

Do you owe money on the property lost or damaged? Yes  No

Lenders Name \_\_\_\_\_

Lenders address \_\_\_\_\_

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Amount Owing \$ \_\_\_\_\_

Is any of the property lost or damaged covered under other policies, including health insurance? Yes  No

Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Type of insurance \_\_\_\_\_

Have you had a previous loss or made a claim for loss or damage to any insurer in the past five years? Yes  No

Tell us what happened – loss 1 \_\_\_\_\_

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Date & value of the loss Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Value \$ \_\_\_\_\_

Insurer \_\_\_\_\_

Tell us what happened – loss 2 \_\_\_\_\_

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**Section 3** **Repair, Replacement or Settlement (cont'd)**

Date & value of the loss Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Value \$ \_\_\_\_\_

Insurer \_\_\_\_\_

Has an insurer refused or cancelled cover or required special terms to insure you? Yes  No

Provide details \_\_\_\_\_

\_\_\_\_\_

Have you been charged with, or convicted of, any criminal offence in the last ten years? Yes  No

Please state details \_\_\_\_\_

\_\_\_\_\_

**Section 4** **Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

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 of insured or person with authority to sign for and on behalf of a company or partnership.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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