

Calliden

Liability 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

Fax: 02 9551 1155

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

Section 1

Policy Information

Name _____

Business or Trading Name _____

Policy Number _____

Address details _____

Contact Name _____

Occupation _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Fax: _____ E-mail: _____

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

Claim/Incident Details

Date and time of claim/incident Date ____/____/____ Time _____ am/pm

Location of claim/incident _____

Provide a description of claim/incident _____

Provide details of damaged property and/or injuries suffered _____

Have you admitted responsibility/liability for the claim/incident? Yes No

Does the claim involve a product that you manufactured or supplied to another person? Yes No

If Yes provide details _____

Were emergency services such as an ambulance, police or fire brigade contacted? Yes No

If Yes provide details _____

Did the accident or injury arise out of the use of a vehicle? Yes No

Was the motor vehicle registered or required to be registered? Yes No

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? Yes No

Do you believe that another party or person is responsible? Yes No

If Yes provide details _____

Section 3**Details of party or parties making claim against you**

Name _____

Address details _____

Business Ph: _____ Mobile: _____ Home Ph: _____

Solicitor's Name _____

Section 4**Witnesses**

Name – witness one _____

Address details _____

Business Ph: _____ Mobile: _____ Home Ph _____

Relationship (e.g. employee, family, friend, previously known) _____

Name – witness two _____

Address details _____

Business Ph: _____ Mobile: _____ Home Ph _____

Relationship (e.g. employee, family, friend, previously known) _____

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 _____ Date ____/____/____

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