

General Code of Practice

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

Privacy Statement

The information collected on this claim form will be used to assess your claim and to provide other insurance services in accordance with our privacy policy. Calliden authorises its agents to collect this information on Calliden's behalf and to use it for its agents' purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the claim form in full Calliden may not be able to properly assess your claim. This may result in delays in the processing of your claim

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer,
PO Box 348, Milsons Point NSW 1565

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 ITC 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 ITC that you are or may be entitled to claim on payment of the excess.

Dispute 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 02 9551 1111 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:

Email: customerservice@calliden.com.au

Fax: 02 9551 1155

Address: PO Box 348, Milsons Point NSW 1565

Section 1**Policy Details**

Policy Number: _____ Expiry Date: ___ / ___ / _____
 Insured (Surname, Company, Partnership): _____
 Given Name(s) of Insured: _____
 Postal Address: _____
 Contact Person (for Company or Partnership claims): _____
 Email: _____ Home Ph: _____ Business Ph: _____
 Mobile: _____ Preferred method of contact: _____

Section 2**Details of your Client**

Name of client: _____
 Occupation: _____ ATO code: _____
 Date client added to policy: ___ / ___ / _____

Section 3**Details of the Audit**

Type of audit: _____
 Which department is carrying out the audit? _____
 When were you or your client first notified of the audit? ___ / ___ / ___ (attach a copy of the notification of audit to this claim form)
 Estimate of fees, costs and disbursements to be charged by you for the audit. \$ _____
 Does the audit relate to income earned outside Australia and its territories? Yes No
 If Yes, please provide full details: _____

Section 4**Direct Deposit**

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.
 Name of Account: _____
 BSB: _____ A/C Number: _____
 Bank Name: _____

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.
 I understand that I may have to provide relevant documentation to enable complete consideration of my claim.
 I consent to Calliden and its agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Calliden and its agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

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: _____

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