

Calliden

Liability Claim Form

Privacy

Calliden respects your privacy and operates at all times in accordance with its privacy policy. This privacy notification provides a summary of how Calliden treats your privacy, and it is recommended that you read the policy in conjunction with this notice.

Calliden collects personal information to assess your request for insurance, to administer your policy, provide other insurance services as requested by you, and also to notify you about other Calliden services or promotions from time to time. At the time of collecting your information we will inform you of the purpose for the collection and the consequences if you choose not to provide the information.

In order to provide its insurance services Calliden may need to share your information with third parties including your agent or broker and Calliden's reinsurers and claims providers (for a full list see Calliden's privacy policy).

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 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.

Dispute Resolution Process

How You Can Resolve Your Complaint That You Have With Us

If you would like to make a complaint, we will do everything we can to try to resolve it as quickly and fairly as possible. The following paragraphs provide details on how you can lodge your complaint and how Calliden will try to resolve it.

You may contact us at any time if you are dissatisfied with any matter relating to your insurance with Calliden, including:

- our decision on your claim;
- our handling of your claim;
- the service of our representatives, assessors, loss adjusters or investigators; and
- your insurance Policy.

Contact Us

If you have a complaint regarding your claim, please contact your claims consultant.

If you have a complaint regarding your insurance Policy, please contact us on 02 9551 1111 and we will try to resolve your complaint straight away.

You can write to Calliden:

- Fax: 02 9551 1155
- Address: PO Box 348, Milsons Point NSW 1565

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 and 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: _____