

# Liability Claim Form

## IMPORTANT NOTICES

### General Insurance Code of Practice

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Calliden Insurance Limited (ABN 47 004 125 268, AFSL 234438) (Calliden) is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code. For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service on 1300 78 08 08 or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

### Your Duty of Disclosure

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This Policy is subject to the *Insurance Contracts Act 1984*. Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- we know or, in the ordinary course of our business, ought to know; or
- we have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- reduce our liability for any claim.
- cancel the contract.
- refuse to pay the claim.
- avoid the contract from its beginning, if your nondisclosure was fraudulent.

### Privacy

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Calliden respects your privacy and operates at all times in accordance with its Privacy Policy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). This privacy notification provides a summary of how Calliden treats your personal information, and it is recommended that you read Calliden's Privacy Policy in conjunction with this notice.

Calliden collects your personal information to assess your request for insurance, to administer your Policy, to settle an insurance claim, provide other insurance services as requested by you, and also to notify you about other Calliden services or promotions from time to time.

If you do not provide the information requested you may breach your Duty of Disclosure, your claim may not be capable of being accepted, Calliden may not be able to administer your Policy or it may be difficult to assess your claim.

In order to provide its insurance services Calliden may need to disclose your personal information to third parties including, but not limited to: agents, underwriters, advisors and brokers; claims management and other service providers; claims adjusters, loss assessors and other claims investigators; lawyers; reinsurers and reinsurance brokers; and the Financial Ombudsman Services, or as required by law (for a full list see Calliden's Privacy Policy). Calliden may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Calliden will only share information with third parties where Calliden reasonably believes it is necessary in assessing your insurance claim and in providing the products and services requested.

In accordance with Calliden's Privacy Policy you may obtain access at any time to personal information that Calliden or its service providers hold on you. Calliden's Privacy Policy contains information about how to access and correct the personal information Calliden holds on you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Calliden's Privacy Officer by:

- Tel: +61 2 9551 1111
- Fax: +61 2 9551 1155
- Email: [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- Mail: Privacy Officer, PO Box 348, Milsons Point NSW 1565.

You can download a copy of Calliden's Privacy Policy by visiting [www.calliden.com.au/docs/PrivacyPolicy.pdf](http://www.calliden.com.au/docs/PrivacyPolicy.pdf)

### GST and Insurance Requirements

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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

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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.

If you have a complaint, call +61 2 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:

- Fax: +61 2 9551 1155
- Email: [servicefeedback@calliden.com.au](mailto:servicefeedback@calliden.com.au)
- Mail: PO Box 348, Milsons Point NSW 1565.

Refer to your Policy for full details of our Dispute Resolution Process.

**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 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. I consent to the disclosure of sensitive information to third parties in order to process this insurance claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of the insurance claim. I understand that if this consent is not given Calliden and its agents will not be able to process this insurance claim.

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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 AFSL 234438  
 Calliden Insurance  
 Limited 2014