

# Calliden

## Construction 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**

Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Insured \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Business Ph: \_\_\_\_\_ Home 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 \_\_\_\_\_ %

Is there any other insurance policy covering this property? Yes  No 

If yes, please provide the following:

Name of Insurer \_\_\_\_\_

Policy number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section 2****Site Details**Site Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_

Date of loss \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contract period commenced \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of practical completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section 3****Loss or Damage**Did the loss, damage or injury occur during?  Construction Period  Other  
 Defects Liability PeriodHow did the loss or damage occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate amount of claim \$ \_\_\_\_\_

Did any other party, other than the Insured, cause the loss, damage or injury? Yes  No

**Section 3**

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

If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your claim involves theft or malicious damage, it must be reported to the police.**

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

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

Name of police officer \_\_\_\_\_

Police office report number \_\_\_\_\_

**Theft of Property**

| Item Number | Item(s) Stolen | Amount Claimed \$ |
|-------------|----------------|-------------------|
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |
| _____       | _____          | _____             |

**Damage to Property**

| Item Number | Item(s) Damaged | Amount Claimed \$ |
|-------------|-----------------|-------------------|
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |
| _____       | _____           | _____             |

**Section 4**

**Third Party Liability**

Claim Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Did injury to third parties occur? Yes  No

If yes, please provide the following details of the injured person.

Injured person's name \_\_\_\_\_

Injured person's address \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number \_\_\_\_\_

**Section 4**

**Third Party Liability (cont'd)**

Was the person working on site? Yes  No

Date and time of injury Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ am/pm

Was hospitalisation required? Yes  No

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What injuries were sustained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider anyone else to be responsible for the injury? Yes  No

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5**

**Third Party Property Damage**

Did third party property damage occur? Yes  No

Contact name of third party \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Date and time of incident Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ am/pm

What was the damage? (including consequential loss of profits)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 6**

**Witnesses**

Name of witness one \_\_\_\_\_ Tel no. \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_

Name of witness two \_\_\_\_\_ Tel no. \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_

Did Work Cover attend? Yes  No

.....  
**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.

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

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



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