

Calliden

Construction 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**

Policy No.: _____ Claim No.: _____

Insured (Surname, Company, Partnership): _____

Contact Person (for Company or Partnership Claims): _____

Postal address: _____

Business Ph: _____ Home Ph: _____ Mobile: _____

Fax: _____ E-mail: _____

Preferred method of contact: _____

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: _____ %

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 Defects Liability Period
 OtherHow did the loss or damage occur? _____

Estimate amount of claim \$ _____

Section 3

Loss or Damage (cont'd)

Did any other party, other than the Insured, cause the loss, damage or injury?

Yes No

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 the 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

Section 7

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: _____