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, Partnershij	o):				
Contact Person (for Company or Partners	ship 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 clair	n and input tax credit on t	he GST applical	ole to this policy?	Yes	No 🗌
Is this amount claimed or intended to be o	claimed less than 100% o	f the GST applic	able to the premium?	Yes 🗌	No 🗌
Specify the percentage amount claimed c	r intended to be claimed:				%
Is there any other insurance policy coveri	ng this property?			Yes 🗌	No 🗌
If Yes, please provide the following:					
Name of Insurer:					
Policy number:			/ /		
Section 2 Site Deta	ils				
Site Address:					
Sile Audi ess:					
Owner:					
Date of Loss: / / Contrac	t period commenced:	/ /	Date of practical comple	etion: /	/
			- 1 1		
Section 3 Loss or D	amage				
]
Did the loss, damage or injury occur	during? 🗌 Construc 🗌 Other	tion Period	Defects Liability	Period	
How did the loss or damage occur?					
Estimate amount of claim	5				

Section 3	Loss or Damage (cont'd)	
Did any other party, of If Yes, please provide o	ther than the Insured, cause the loss, damage or injury? details.	Yes 🗌 No 🗌
If your claim involves	theft or malicious damage, it must be reported to the poli	ce.
Name of police station	n that the incident was reported to	
Date reported	/ /	
Name of police officer	<u> </u>	
Police office report nu	ımber	
Theft of Property		
Item Number	Item(s) Stolen	Amount Claimed \$
Demonster Demonster		
Damage to Property		
Item Number	Item(s) Damaged	Amount Claimed \$
Section 4	Third Party Liability	
Claim Number	Policy Number	
Did injury to third parties		Yes 🗌 No 🗌
	following details of the injured person.	
Injured person's name _		
Injured person's address	5	
-	per	
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Section 4	Third Party Liability (cont'd	1)	
Was the person workir	ng on site?		Yes 🗌 No 🗌
Date and time of injury		Date / /	Time am/pm
Was hospitalisation red	quired?		Yes 🗌 No 🗌
What happened?			
What injuries were sus	tained?		
Do you consider anyon If so, why?	e else to be responsible for the injury?	,	Yes 🗌 No 🗌
Section 5	Third Party Property Dama	qe	
Did third party property		5	Yes 🗌 No 🗌
	party		
	,		
Date and time of incide		Date/ /	Timeam/pm
What was the damage?	? (including consequential loss of profit	ts)	

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.

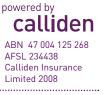
I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

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: _____



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