

## Insurance Claim Form

- Home and Contents Insurance

### Important Notices

This policy is arranged by Calliden Agency Services Limited (CASL) (ABN 15 096 726 895, AFSL 234437) who acts as agent on behalf of Calliden Insurance Limited (Calliden) (ABN 47 004 125 268, AFSL 234438), the insurer of this product.

### Your Duty of Disclosure

Whether you are entering into a policy for the first time or are proposing to renew, vary, extend or reinstate a policy you have a duty of disclosure:

#### Your duty of disclosure for new policies

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

#### Your duty of disclosure for renewals

If you have already entered into a policy and you are proposing to renew, vary, extend or reinstate the policy your duty of disclosure changes. 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.

#### Who needs to tell us?

It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the policy.

#### What you are not required to disclose

Your duty 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, and
- we have indicated we do not want to know.

#### If you do not tell us

If you do not answer our questions in this way or disclose everything you know, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

### General Insurance Code of Practice

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 look at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

### Privacy Statement

Both Calliden and CASL respect your privacy. 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 and CASL treat your personal information.

Calliden and CASL collect 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 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, your policy may not be able to be administered or it may be difficult to assess your claim.

In order to provide its insurance services Calliden and CASL 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 Service, or as required by law (for a full list see Calliden's and CASL's Privacy Policy). Calliden and CASL may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Calliden and CASL will only share information with third parties where Calliden and CASL reasonably believe it is necessary in assessing your insurance claim and in providing the products and services requested.

Calliden's and CASL's Privacy Policy contains information about how to access and correct the personal information about 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 and CASL'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 and CASL's Privacy Policy by visiting [www.calliden.com.au/docs/PrivacyPolicy.pdf](http://www.calliden.com.au/docs/PrivacyPolicy.pdf)

### Dispute Resolution Process

If you think we have let you down in any way, or our service is not what you expect (even if through one of our representatives), please tell us, so we can help. We are committed to resolving your complaint fairly.

If you have a complaint, contact us by:

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

Please refer to your Product Disclosure Statement and policy for full details of our Dispute Resolution Process.

## Important Information cont'd

### Admission of Liability

The issue of this form is not an admission of liability on part of Calliden.

### Claim Form Completion

If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to the Claim Form.

## GST Information

Have you, or do you intend to claim the GST on the premium paid on this policy as an input tax credit for your business?

No  Yes  If yes, please provide:

(i) Your business ABN

(ii) The proportion of the GST you will be claiming as an input tax credit

 %

## Your Details

### All questions must be answered

Claim number (if known)

Title  Other   
Mr  Mrs  Miss  Ms  Dr

Given Names

Surname

Occupation

Date of Birth

 /  / 

Telephone Number – Home

Telephone Number – Work

Fax Number

Contact Person

Email Address

Preferred Contact Day

Preferred Contact Time

 :  am/pm

## Policy Details

Policy No.

Excess \$

Due Date  /  /

## Details of your Home

What is the address of the insured premises?

  
 Postcode

What is the postal address for the correspondence?  
(if same, write "as above")

  
 Postcode

## Claim Details

### Answer for all claims

Address where loss or damage occurred

  
 Postcode

Date of loss or damage

 /  / 

Date loss or damage discovered

 /  / 

Time of loss or damage

 :  am/pm

Please give a full description of what happened:

  
  
  
  
  
  
  

Are you the sole owner of the property lost or damaged?

Yes

No  Please give details of interested parties:  
(i.e. owner, mortgagee, trustee, etc.)

## Claim Details continued

Was the loss or damage reported to the police?

No

Yes  Please provide details and attach police report:

Police station notified	<input type="text"/>
Date notified	<input type="text"/> / <input type="text"/> / <input type="text"/>
Time notified	<input type="text"/> : <input type="text"/> am/pm

Was the loss or damage reported to the fire brigade?

No

Yes

Was the lost or damaged property insured under any other policy held by you or anyone else?

No

Yes  Please provide details:

Insurer

Policy No.

Do you know who caused the loss?

No

Yes  Please provide details:

Name of person

Address of person

Postcode

Relationship to you

Telephone No.  (  )

Vehicle Registration No.

(If damage caused to vehicle)

## 1. Loss or damage to contents and personal effects

To help us process your claim quickly please attach any relevant documentation such as receipts, instruction manuals or photographs.

Description of article including brand name, model & serial numbers if applicable	Date of purchase	Where purchased	Is it under warranty	Age of motor	Cost of article lost or damaged	Amount claimed
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

## 2. Damage to building

For example, claims relating to storm, impact, malicious damage or breakage of fixed glass.

Description of damage to building	Name of repairer (please attach quotation)	Amount claimed
		\$
		\$
		\$

If already repaired, who authorised the repairs?

Have you paid for any repairs or obtained any quotations?

No

Yes  Please attach relevant documents and detail if paid:  
 • receipts • invoices • quotations

### Theft Claims

Are the premises occupied?

No  Date last occupied

Yes

How was entry gained?

  
  


What protection is installed at your home?

Double cylinder deadlocks on all external hinged doors **and** key operated patio bolts on any external sliding doors

Bars/grilles on windows

Local burglar alarm

All windows key locked

Back to base or monitored burglar alarm

Other

### Storm and Rain Water Damage Claims

**NOTE: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage.**

What steps have been taken to minimise the loss?

  
  
  


How did the water enter the building?  
 (e.g. roof sheeting and/or tiles damaged)

## Legal Liability Insurance Claims

Were any people injured?

No

Yes  Please provide details:

Name

Address

Postcode

Injuries

Was property damaged?

No

Yes  Property owner details:

Name

Address

Postcode

Damage

Were there any witnesses?

No

Yes  Witness details:

Name

Address

Postcode

Telephone ( )

Has there been any formal claim made against you?

No

Yes  Tick relevant box and attach relevant documents:

writ

summons

letter of demand

other (explain)

Have you responded to the claim?

No

Yes  Please attach a copy of your response.

No

Yes

Please attach a copy of your response.

## 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 CASL 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 my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my claim. I understand that if this consent is not given Calliden and CASL will not be able to process this insurance claim.

Signature

Date

Please check that you have answered all questions and return to:

### Calliden Insurance Limited

**PO Box 7704, St Kilda Road Melbourne VIC 3004**

### Electronic funds transfer

The settlement of your claim may involve a partial or full settlement in cash. If you would prefer an EFT payment for any cash settlement please complete the following:

Account Name

BSB Number

Account Number



**ABN 15 096 726 895**

**AFSL 234437**

**© Calliden Agency Services Limited 2014**

PO Box 7704, St Kilda Road Melbourne VIC 3004

Telephone **1300 880 037**

8.30am - 7.00pm (EST) Monday - Friday

Facsimile 1300 766 795