

## IMPORTANT NOTICES

Calibre Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Calibre Insurance') acts under a binder as agent for Great Lakes Insurance SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('GLA'). Great Lakes Insurance SE is a limited liability company incorporated in Germany.

### DEFINED TERMS

Some words used in this Claim Form have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

### GENERAL INSURANCE CODE OF PRACTICE

GLA is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. Calibre Insurance'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 Limited ('FOS Australia') on 1800 367 287 (or 1800 FOS AUS) visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

#### If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

### PRIVACY

In this Privacy Notice the use of "We", "Our" or "Us" means GLA and Calibre Insurance, unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth), the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance Policy and respond to any claim that You make. To do this, Your personal information

may need to be disclosed to reinsurers, service providers and related entities who carry out activities on Our behalf, such as assessors, facilitators or credit references bureaus (for a full list please see Our privacy policies), some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information (including sensitive information) to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. Your personal information (including sensitive information) may be disclosed to entities in the following countries: Canada, Germany, India, Singapore, South Africa and the United Kingdom. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of Us hold or seek correction of Your personal information, and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access the GLA Privacy Policy and Privacy Statement at [www.munichre.com/io/gla/en/privacy\\_statement.aspx](http://www.munichre.com/io/gla/en/privacy_statement.aspx) and Calibre Insurance's Privacy Policy at [www.calibreinsurance.com.au/privacy-policy-pdf/](http://www.calibreinsurance.com.au/privacy-policy-pdf/) and Privacy Statement at [www.calibreinsurance.com.au/privacy-security/privacy-statement/](http://www.calibreinsurance.com.au/privacy-security/privacy-statement/)

### GST

The limits of cover that You choose should exclude Goods and Services Tax (GST).

If You are not registered for GST in the event of a claim We will reimburse You the GST component in addition to the amount that We pay.

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 entitled to an input tax credit for the premium, You must inform Us of the extent of that entitlement at or before the time You make a claim under this Policy. We will not indemnify You for any GST liability, fines or penalties that arise from or are attributable to Your failure to notify Us of Your entitlement (or correct entitlement) to an input tax credit on the premium.

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**

If You are not satisfied with Our service please tell Us so We can help. We will address complaints in accordance with Calibre Insurance's Complaints Handling Process (available at: [www.calibreinsurance.com.au/wp-content/uploads/Complaints-process.pdf](http://www.calibreinsurance.com.au/wp-content/uploads/Complaints-process.pdf)) and the Insurance Council of Australia's General Insurance Code of Practice.

If You have a complaint, contact Calibre Insurance by:

**Tel:** 1300 306 226

**Fax:** 1300 559 936

**Email:** [feedback@calibreinsurance.com.au](mailto:feedback@calibreinsurance.com.au)

**Mail:** Level 8, 1 Pacific Highway, North Sydney, NSW 2060

Please refer to Your Policy or Calibre Insurance's Complaints Handling Brochure 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 \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_ %

**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 \_\_\_\_\_

Business Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Home Ph \_\_\_\_\_

Solicitor's Name \_\_\_\_\_

**SECTION 4**

**WITNESSES**

Name – witness one \_\_\_\_\_

Address \_\_\_\_\_

Business Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship (e.g. employee, family, friend, previously known) \_\_\_\_\_

Name – witness two \_\_\_\_\_

Address \_\_\_\_\_

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 Calibre Insurance, its agents and GLA 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 claim including, but not limited to:

- Intermediaries through which I deal with Calibre Insurance (for instance an agent, broker or financial advisor);
- Claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- Other reputable service providers (for instance mail houses); and
- Underwriters, who are responsible for part or all of the risk under a contract of insurance (for instance a reinsurer).

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 Calibre Insurance, its agents and GLA 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 \_\_\_\_\_