

## Insurance Claim Form

- Home and Contents Insurance
- Business Insurance

### Important Information

#### Code of Practice

Calliden Insurance Limited supports the General Insurance Code of Practice. This means we;

- set down standards of service;
- set out the terms of your policy in plain language and assist you in understanding your rights and obligations;
- work with you in a helpful and informed relationship;
- explain to you how to make a claim; and
- in the case of a dispute, provide a free and fair dispute resolution process.

#### Dispute Resolution

Calliden Insurance Limited takes complaints about any aspect of our service very seriously. We are proud of our staff and our service, so if you're unhappy, we want to help. To achieve this, we offer an internal dispute resolution service which is both fair and free of charge.

If you have a complaint, please talk it over with one of our staff. Our General Insurance staff have specialist general insurance knowledge, and will listen to your concerns and suggest the most appropriate course of action.

If they can't sort out the problem to your satisfaction, your complaint will be referred to a manager at which point, most issues will be resolved.

Should you still not be satisfied, Calliden Insurance Limited's Internal Disputes Committee will completely review your complaint and may ask you to attend a formal conciliation meeting. A final decision will be made within 15 working days.

In the event that you wish to take the matter further, you can contact the independent industry body, Insurance Ombudsman Service Limited (IOS) on 1300 780 808. IOS is responsible for the Code of Practice, and also runs a free review service which can make a formal decision on the dispute.

#### Admission of Liability

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

#### 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.)

  
  
  
  
  


Was the loss or damage reported to the police?

No   
 Yes  Please provide details and attach  
police report:

Police station notified

Date notified  /  /

Time notified  :  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	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.

## Declaration

### Complete for all claims

"I declare the information and answers given above are true in every detail and that all relevant information has been disclosed. I understand that the claim may be refused if information is untrue or concealed.

I understand that to enable Calliden Insurance Limited to process any claim requests, it may disclose my personal information to third parties such as investigators, assessors, loss adjusters, debt recovery agents and/or reinsurers. The claim process may also involve the collection of additional information regarding the claim from third parties (this may include police records). I consent to this collection and disclosure.

I understand that I have rights to access my personal information held by Calliden Insurance Limited in accordance with the National Privacy Principles".

Signature

Date

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

**Calliden Insurance Limited**  
**Reply Paid 71747**  
**SOUTH MELBOURNE VIC 3205**

### 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

**calliden**  
insurance limited

**Calliden Insurance Limited**  
**ABN 47 004 125 268**  
**AFS Licence No. 234438**

114 Albert Road South Melbourne Vic 3205

Telephone **1300 880 037**

8.30am - 5pm (EST), 5 Days

Facsimile (03) 8682 5798