

Calliden

Business Interruption Claim Form



General Code of Practice

We operate in accordance with the General Insurance Code of Practice.

Privacy Statement

Calliden is committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

Calliden requires personal information about you to assess your request for insurance and to administer your policy, and also to notify you about other Calliden services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- Our own staff and contracted staff
- Claims adjusters, lawyers and others appointed by us or on behalf of us for claim handling purposes; and
- Our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia)

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your policy, or you may breach your Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you.

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.

Disputes Resolution

At Calliden we strive to make our customers happy. However, complaints do occur and when they do we try and resolve them as quickly and easily as possible.

Contact us

Call 1300 785 544 and we will try and resolve your complaint straight away. If we can not, we will ask you to put your complaint in writing.

You can write to us at:

E-mail: customerservice@calliden.com.au

Fax: 02 9551 1155

Address: Suite 1, Level 3, Building B, 207 Pacific Highway, St Leonards NSW 2065

Section 1**Policy Information**

Name of policy holder _____ Policy Number _____

Address details _____

Occupation _____

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**Loss or Damage**

Date and time of loss or damage Date ____/____/____ Time _____ am/pm

Location of loss or damage _____

Are you the only occupier of your premises? Yes No Details of other occupants _____

Who discovered the loss or damage? _____

Date and time loss or damage was discovered Date ____/____/____ Time _____ am/pm

Were there any witnesses to the loss or damage? Yes No Name, address and contact details of witness one _____

_____Name, address and contact details of witness two _____

_____Were the premises broken into? Yes No

When were the premises last occupied? Date ____/____/____ Time _____ am/pm

Were the premises securely locked? Yes No

How was entry gained? _____

Have steps been taken to improve security of the premises? Yes No Details of security upgrade _____

Name of police station that incident was reported to _____ Date reported ____/____/____

Name of police officer _____

Police office report number _____

Section 2

Loss or Damage (cont'd)

In case of loss/damage caused by fire, please provide fire station details _____

Date reported to fire brigade _____

Date ____ / ____ / _____

Details of the loss _____

Section 3

Repair, Replacement or Settlement

Is the property repairable? Yes No

Are quotes for repairs attached? Yes No

If property is unable to be repaired attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

Do you owe money on the property lost or damaged? Yes No

Lenders name _____

Lenders address _____

Amount Owing \$ _____

Is any of the property lost or damaged covered under other policies, including health insurance? Yes No

Name of Insurer _____

Policy Number _____

Type of insurance _____

Have you had a previous loss or made a claim for loss or damage to any insurer in the past five years? Yes No

Tell us what happened – loss 1 _____

Date & value of the loss Date ____ / ____ / _____ Value \$ _____

Insurer _____

Tell us what happened – loss 2 _____

Date & value of the loss Date ____ / ____ / _____ Value \$ _____

Insurer _____

Has an insurer refused or cancelled cover or required special terms to insure you? Yes No

Provide details _____

Section 3

Repair, Replacement or Settlement (cont'd)

Have you been charged with, or convicted of, any criminal offence in the last ten years?

Yes No

State details _____

Section 4

Comments

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Declaration
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I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Calliden using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Calliden may not be able to process my claim.

I consent to Calliden disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Calliden also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

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: _____