

Calliden

Glass 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 _____

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 and 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

If no, give detail of other occupants _____

For what purpose were the premises occupied when the damage occurred?

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 first witness _____

Name, address and contact details of second witness _____

Were the premises broken into? Yes No

When were the premises last occupied? Date ____ / ____ / _____ _____ 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

Section 2**Loss and Damage (cont'd)**

Details of security upgrade _____

Indicate type of glass damaged (e.g. Window, door, shelf, showcase etc)

Was any Glass previously cracked or defective? Yes No

Size of glass damaged _____ metres by _____ metres

Please describe fully the cause of the damage?

Has any repairer been asked to carry out repairs? Yes No

If Yes then please supply the damage and address of firm and tax invoice (if received)

If the damage was caused maliciously, has the incident been reported to the police? Yes No

Name of police station that incident was reported to _____

Date reported ____/____/____ Police office report number _____

Name of police officer _____

Do you suspect anyone of causing this breakage? Yes No

If Yes please supply details of the responsible party

Was there any signwriting on the damaged glass? Yes No

If Yes please describe

Have any steps been taken for the recovery of the cost of replacement? Yes No

If Yes please provide details

