



Liability Claim Form

Sports Underwriting Australia Claims Department

PO Box 2717, Taren Point, NSW, 2229
Tel: 1300 363 413 | Fax: 02 9524 9003
Email: sua@claimsservices.com.au

General Code of Practice

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

Privacy Statement

The information collected on this claim form will be used to assess your claim and to provide other insurance services in accordance with our privacy policy. Calliden authorises its agents to collect this information on Calliden's behalf and to use it for its agents' purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the claim form in full Calliden may not be able to properly assess your claim. This may result in delays in the processing of your claim

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

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.

Dispute 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 02 9551 1111 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:

Email: customerservice@calliden.com.au

Fax: 02 9551 1155

Address: PO Box 348, Milsons Point NSW 1565

Section 1**Policy Information**

Name _____

Business or Trading Name _____

Policy Number _____

Address details _____

Contact Name _____

Occupation _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Fax: _____ E-mail: _____

Are you registered for GST? Yes No

What is your ABN? _____

Have you claimed or do you intend to claim and 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 details _____

Business Ph: _____ Mobile: _____ Home Ph: _____

Solicitor's Name _____

Section 4

Witnesses

Name – witness one _____

Address details _____

Business Ph: _____ Mobile: _____ Home Ph: _____

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

Name – witness two _____

Address details _____

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 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 _____ Date ____/____/____

Please indicate the number of additional pages attached to this claim form: _____