

Calliden

Motor Claim Form

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 ITC 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 ITC 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

Policy Number _____ Expiry Date ____ / ____ / ____

Section 2

The Insured

Insured (surname, company, partnership) _____

Given name(s) of insured _____

Contact person (for company or partnership claims) _____

Telephone: Home _____ Work _____ Mobile _____

Preferred method of contact _____

Section 3

GST

Are you registered for GST? No Yes

What is your ABN? _____

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

No Yes Specify amount claimed _____ %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

No Yes Specify amount claimed _____ %

Section 4

Driver Details

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

E-mail address _____

Relationship to Insured _____ Date of Birth ____ / ____ / ____

Licence Number _____ Expiry Date ____ / ____ / ____ State Issued _____

How long has the driver been issued with a licence for this type of vehicle _____ years

Did the driver drink any alcohol and/or take any drugs in the 24 hours prior to the accident? No Yes

Provide details _____

Did the driver undergo a breath test, breath analysis or blood test? No Yes

Provide details _____

What was the reading? _____ (Please attach copy of the certificate.)

Was the driver authorised to use the vehicle? No Yes

Section 5

Vehicle Details

Make of Vehicle _____ Year _____ Model _____ Registered No. _____

Colour _____ Engine No. _____

Registered Owner _____ Odometer Reading _____

Address _____

_____ State _____ Postcode _____

Has the vehicle been modified from original specifications? No Yes

Provide details _____

Do you owe money on your vehicle? No Yes

Provide details _____

Section 5 (cont'd)

Vehicle Details

Name of Lender _____ Account No. _____
 Address _____
 _____ State _____ Postcode _____

Section 6

Incident Details

Date _____ Day _____ Time _____ am/pm
 Where did the accident happen? _____
 Street _____ Suburb _____
 Nearest Cross Street _____
 Road Surface Wet Dry Loose
 At the time of the accident the insured vehicle was: Parked Stationary Moving Speed _____ km/hr
 Traffic Controls None Stop Sign Traffic Lights Roundabout Give way sign Other
 Number of vehicles involved _____
 If applicable, what type of goods were being transported at the time of loss? _____
 What happened? _____

Were seat belts being worn at the time of the accident? No Yes
 Were vehicle lights on at the time of the accident? No Yes
 Estimated speed of your vehicle at the time of the accident _____ km/hr
 Estimated speed of third party vehicle involved in the accident _____ km/hr
 Speed limit at the place where accident occurred _____ km/hr

Sketch Diagram of Accident

- 1. Name Streets
- 2. Indicate direction of travel
- 3. Your vehicle
- 4. Other vehicle

In your opinion, was the accident your fault? No Yes

Why/why not? _____

Did the other driver admit liability? No Yes

Section 7

Damage to Your Vehicle

Are you claiming for the damage to your vehicle?

No Yes

Was the vehicle towed?

No Yes

Provide details _____

Name of tow company? _____

Where was it towed _____ Distance towed _____ kms

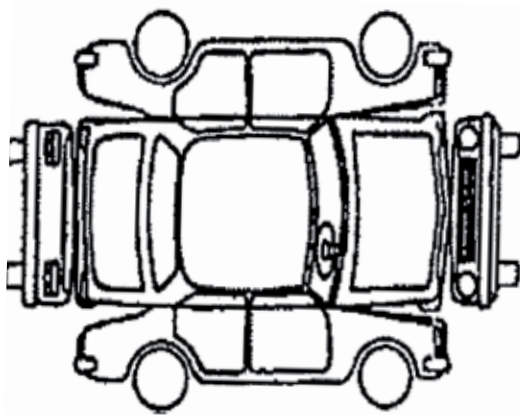
Where is vehicle now? _____

Provide details of extent of damage to your vehicle

Sketch Diagram

Shade in damage to vehicle

Indicate point of impact (X)



Section 8

Owner of Other Vehicle

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Insurance Co. _____ Policy No. _____

Section 9

Driver of the Other Vehicle

Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Date of Birth _____ / _____ / _____ Drivers Licence Number _____

Did the driver undergo a drugs and/or breath test, breath analysis or blood test? No Yes

Provide details _____

Section 9 (cont'd)

Driver of the Other Vehicle

What was the reading? _____ (If possible please attach a copy of the certificate)

Was the owner in the vehicle at the time of the accident?

No Yes

IF THERE IS MORE THAN 1 OTHER VEHICLE INVOLVED PLEASE ATTACH DETAILS.

Section 10

Other Vehicle

Registration No. _____ Year of Manufacture _____ Make of vehicle _____

Model _____ Colour _____

Details of damage to other vehicle

Section 11

Other Parties

Was anyone injured in the accident?

No Yes

If Yes, provide person(s) detail(s) and nature of injuries

Provide details of owners of property or animals involved.

Full Name _____

Address _____

_____ State _____ Postcode _____

Section 12

Witness (es) Details

Witness 1: Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Was this witness in the insured vehicle?

No Yes

Witness 2: Full Name _____

Address _____

_____ State _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Was this witness in the insured vehicle?

No Yes

Please provide details of any other witnesses on a separate sheet.

Section 13

Theft Claims

Date and time theft discovered ____ / ____ / ____ ____ am/pm

Details of who last used the vehicle and their address/contact details

Details of the events leading up to theft

Who discovered the theft? _____

Has the vehicle been recovered?

No Yes

If Yes, when and by whom? _____

Was the vehicle locked?

No Yes

Was the security alarm activated?

No Yes

What type of system was it? _____

Location and time of theft; please state reason the vehicle was in this location

How did the driver travel home after discovering theft? _____

Was the theft reported to the Police (provide officers name, Police Station)?

Provide details of the damage

Section 14

Police

Did a Police Officer attend the accident scene?

No Yes or

Did you report the incident to the Police?

No Yes

Provide details _____

Name _____

Rank _____

Station _____

Date of report ____ / ____ / ____

Police Report No. _____

Name of person to be charged or cautioned _____

Nature of charge or caution _____

Section 17

Direct Deposit

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.

BSB _____ Name of Account _____

A/C Number _____ Bank _____

Section 18

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 Calliden and its agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Calliden and its agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

Driver's Signature _____ Date ____ / ____ / ____

Signature of insured or person with authority for and on behalf of a company or partnership.

Signature _____ Date ____ / ____ / ____

Position Held _____

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

Please send completed claim form to:

Claims Services Australia
PO Box 2717 Taren Point NSW 2229
Fax No: 02 9524 6566
Phone No: 02 9541 8444