

Sports Underwriting Australia Management 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 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: _____

Insured (Surname, Company, Partnership): _____

Given Name(s) of Insured: _____

Postal Address: _____

Contact Person (for Company or Partnership claims): _____

Occupation: _____

Home Ph: _____ Business Ph: _____

Mobile: _____ Email: _____

Preferred method of contact: _____

Full Name of the Directors/Officers giving notification: _____

Address of Directors/Officers giving Notification: _____

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**Details of the Relevant Insured Person(s)**

Full Name of the Insured Person(s) who is/are the subject of the claim or potential claim

Name of the Insured Entity of which such Insured Person(s) is/are a Director/Officer or Employee

Full Name of the Claimant or potential Claimant (i.e. the party making the claim upon the Insured)

Address of the Claimant

Section 3

Details of the Subject Activity

From what activity on the part of the insured does the claim or potential claim arise?

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

When was the activity from which the claim arises or may arise performed or undertaken?

Section 4

Details of claim or circumstance

What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?

On what date did you first become aware of the claim or of such fact or circumstance? ___ / ___ / _____

On what date was the claim or the intimation of a claim first made against you? ___ / ___ / _____

Was the first intimation of a claim verbal or in writing?

(If in writing please attach a copy)

Verbal In writing

If verbal, please give a "first person" account of the conversation

What amount, if any, is claimed? \$ _____

Section 5

Details of Insured's Response

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

Are there additional details about which you wish to advise, or which may be of interest to Calliden, so that Calliden will have a better understanding of this matter? If so, please provide details along with supporting documentation.

Section 6

Direct Deposit

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

Name of Account: _____

BSB: _____ A/C Number: _____

Bank Name: _____

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.

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: _____