

# Sports Underwriting Australia Professional Indemnity 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

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

## Privacy Statement

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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](http://www.calliden.com.au)
- by phone 02 9551 1111
- by email to [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- by letter to Privacy Officer,  
PO Box 348, Milsons Point NSW 1565

## GST and Insurance Requirements

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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

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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](mailto: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 \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Name \_\_\_\_\_

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 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**

**Claim/Incident Details**

Date when services rendered, out of which a Claim has been/might be made against the Insured \_\_\_\_/\_\_\_\_/\_\_\_\_

Date when the Insured:

a) First became aware that there existed a set of circumstances which may result in a Claim being made \_\_\_\_/\_\_\_\_/\_\_\_\_

b) First received a notice of intention of any party to make a Claim \_\_\_\_/\_\_\_\_/\_\_\_\_

Your opinion of possible rectification costs OR potential amount of possible claim Approx \$ \_\_\_\_\_

Brief description of service provided. If your contract/retainer was in writing please provide a copy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allegations made/anticipated against Insured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3****Details of party or parties making claim against you**

Name \_\_\_\_\_

Address details \_\_\_\_\_

Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Solicitor's Name \_\_\_\_\_

**Section 4****Witnesses**

Name – witness one \_\_\_\_\_

Address details \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Name – witness two \_\_\_\_\_

Address details \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

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 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: \_\_\_\_\_