



Community Underwriting

Community Underwriting Motor Claim Form

About the Insurer

Calliden Insurance Limited (Calliden) (ABN 47 004 125 268), is a public company incorporated in Australia. It is authorised under the Australian Insurance Act 1973 (Cth) to conduct insurance business in Australia. That Act establishes a system of financial supervision of general insurers in Australia. As an authorised insurer, Calliden is regulated by the Australian Prudential Regulation Authority. Calliden is also regulated under the Corporations Act 2001 and is the holder of an Australian Financial Services Licence (AFSL 234438) issued pursuant to that Act. As a holder of an AFS Licence, Calliden is regulated by the Australian Securities and Investments Commission (ASIC).

Calliden specialises in manufacturing general insurance products for individuals, the SME sector and groups across metro and regional Australia.

About the Agent

Community Underwriting Agency Pty Ltd (Community Underwriting) (ABN 60 166 234 715, AFSL 448274) was set up by NSW Meals on Wheels Association Inc (ABN 87 418 074 604) to specifically cater for insurance to the not for profit community sector in Australia. This product is underwritten by Calliden Insurance Limited (Calliden) (ABN 47 004 125 268, AFSL 234438), the insurer. Community Underwriting acts under a binding authority as agent for the insurer to issue, vary and cancel policies on Calliden's behalf. In all aspects of this policy, Community Underwriting acts as an agent for the insurer and not for you.

General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (the Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service on 1300 78 08 08 or visit www.codeofpractice.com.au

Privacy Statement

Both Calliden (the insurer) and Community Underwriting (the agent) respect your privacy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). This privacy notification provides a summary of how Calliden and Community Underwriting treat your personal information.

Calliden and Community Underwriting collect your personal information to assess your request for insurance, to administer your policy, to settle an insurance claim, provide other insurance services as requested by you, and also to notify you about other services or promotions from time to time.

If you do not provide the information requested you may breach your duty of disclosure, your claim may not be capable of being accepted, your policy may not be able to be administered or it may be difficult to assess your claim.

In order to provide its insurance services Calliden and Community Underwriting may need to disclose your personal information to third parties including, but not limited to: agents, underwriters, advisors and brokers, claims management and other service providers, claims adjusters, loss assessors and other claims investigators, lawyers, reinsurers and reinsurance brokers, and the Financial Ombudsman Service, or as required by law (for a full list see Calliden's and Community Underwriting's Privacy Policy). Calliden and Community Underwriting may also disclose your personal information overseas. Calliden and Community Underwriting will only share this information where Calliden and Community Underwriting reasonably believe it is necessary in assessing your insurance claim and in providing the products and services requested.

Calliden's and Community Underwriting's Privacy Policies contain information about how to access and correct the personal information about you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like

Community Underwriting Agency Pty Ltd (Community Underwriting) (ABN 60 166 234 715, AFSL 448274) acts under a binding authority as agent for Calliden Insurance Limited (Calliden) (ABN 47 004 125 268, AFSL 234438), the insurer of this product. In all aspects of this policy, Community Underwriting acts as an agent for the insurer and not for you.

to obtain a copy of the Privacy Policies, please contact Community Underwriting's Privacy Officer by:

Phone: +61 2 8045 2580;

Fax: +61 2 9555 1886;

Email: enquiries@communityunderwriting.com.au;

Mail: to Privacy Officer
Unit 24 Waterview Wharf, 37 Nicholson Street,
Balmain East, NSW 2041.

You can download a copy of Calliden's Privacy Policy by visiting: www.calliden.com.au/docs/PrivacyPolicy.pdf

You can also download a copy of Community Underwriting's Privacy Policy by visiting: www.communityunderwriting.com.au

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

If you think we have let you down in any way, or our service is not what you expect (even if through one of our representatives), please tell us so we can help. We are committed to resolving your complaint fairly.

We will address all complaints, except where specific circumstances apply, in accordance with Calliden's Complaints Handling Process. This process is compliant with the Insurance Council of Australia's Code of Practice. Both the Code of Practice and our Complaints Brochure, which contains a guide to our process, are available upon request.

If you have a complaint:

Step 1: On the spot, if we can!

You can contact us by:

Phone: +61 2 9551 1111;

Fax: +61 2 9551 1155;

Email: servicefeedback@calliden.com.au;

Mail: PO Box 348, Milsons Point, NSW 1565.

- If we can't resolve your complaint immediately, we will commit to responding to your complaint within 15 business days of first being notified of the complaint.

- If we need more information or more time to respond properly to your complaint we will contact you to agree an appropriate timeframe to respond.

Step 2: Internal Dispute Resolution

- If you are not happy with our response, please tell us in writing. You may escalate it as a dispute and our Internal Dispute Resolution panel (the panel) will review the matter. The panel will be independent of the person who initially considered your complaint.

- The Disputes Resolution Officer will acknowledge your dispute in writing within 2 business days of receipt and will investigate all details of your dispute and will provide you with a written response of the outcome within 15 business days of first being notified of your dispute.

- In some cases we may be unable to reach a conclusion within this timeframe, and may request a later response date. If this occurs, we will keep you informed of progress of the dispute no less than once every 10 days.

Step 3: External Dispute Resolution scheme

Should we be unable to resolve your complaint (including the IDR process referred to above) within 45 days or you are not happy with our response/handling of your complaint at any given time, you can seek an external review via our external dispute resolution scheme, administered by the Financial Ombudsman Service Limited (FOS).

This is an independent national body and its services are free to you. As a member we agree to accept the FOS' decision.

You can contact the FOS by:

Mail: Financial Ombudsman Service Ltd,
GPO Box 3, Melbourne, Victoria 3001;

Phone: 1300 78 08 08;

Fax: +61 3 9613 6399;

Website: www.fos.org.au

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 (ITC) on the GST component of the premium applicable to the policy?

No Yes Specify amount claimed _____ %

Are you entitled to claim an ITC 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 _____ Fax: _____

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

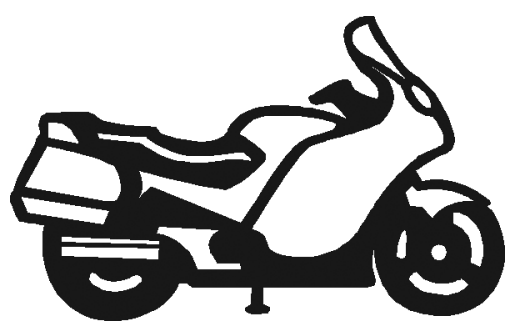
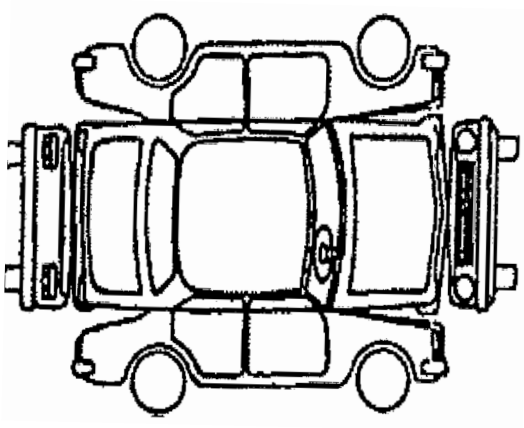
Where is vehicle now? _____

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 15

Windscreen Breakage

Date of breakage ____ / ____ / ____

Location of breakage _____

Describe how breakage occurred

Type of damage Shattered Bull's-eye type Cracked

Date new windscreen fitted by repairer

Type of windscreen Laminated Plain Full Tint Branded Tint

Name of repairer who fitted windscreen _____

Address of Repairer _____

Has repair account been paid? No Yes (If paid please attach repair account or receipt. Please retain a copy.)

Section 16

Owner(s) and Driver History

In the last 5 years have you as owner or driver of this vehicle:

- 1) Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? No Yes
- 2) Been convicted or charged with:
 - a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? No Yes
 - b) any driving offences or speeding? No Yes
 - c) fraud, arson, theft or any other criminal act? No Yes
3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? No Yes
4. Had a claim or accident? (include any not reported or not claimed from an insurer) No Yes
5. Had a car stolen or burnt out? (include any not reported or not claimed from an insurer) No Yes
6. Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? No Yes

If you answered Yes to any of the above questions please provide relevant details below

Name of Driver	Date of Incident	Details of each Incident	Your Insurer	Person at Fault /Nature of Charge

If there is insufficient space, please attach a sheet with the relevant information.

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.

I declare that I have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

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 _____