

## Preliminary Claims Advice Form

Note: This is not a claim form and we may require further information.  
 Completion of this form does not guarantee acceptance of any claim.

### 1. The Policy

Policy Number:  Expiry Date:

### 2. Insured

Insured (surname, company, partnership):

Given name(s) of insured:

Contact person (for company or partnership claims):

Postal Address:  Post Code:

Email:

Telephone: H:  W:  M:

Preferred Method of Contact:

### 3. GST

Are you registered for GST purposes? no  yes  ABN:

To what extent are you entitled to claim an Input Tax Credit on GST for this Policy?  %

### 4. Type of Claim

Please tick the class of business you are claiming under:

- |  |  |
|--|--|
| <input type="checkbox"/> General Liability           | <input type="checkbox"/> Machinery                   |
| <input type="checkbox"/> General Property            | <input type="checkbox"/> Money                       |
| <input type="checkbox"/> Canine Extension            | <input type="checkbox"/> Electronic Equipment        |
| <input type="checkbox"/> Fire & Other Defined Events | <input type="checkbox"/> Fraud or Dishonesty         |
| <input type="checkbox"/> Business Interruption       | <input type="checkbox"/> Commercial Motor            |
| <input type="checkbox"/> Burglary                    | <input type="checkbox"/> Personal Accident & Illness |
| <input type="checkbox"/> Glass                       | <input type="checkbox"/> Not sure                    |
| <input type="checkbox"/> Goods in Transit            |  |

It may be necessary to complete a claim form which will provide us with further information. We will send you a claim form if required.

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## Preliminary Claims Advice Form (con't)

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### 5. Circumstances

Date & time of incident:

Place of incident:

Briefly describe what happened:

### 6. Direct Deposit

Following acceptance of your claim we can arrange a direct deposit. Please provide your bank details:

Name of Bank:

Account Name:

BSB:  Account Number:

### 7. Declaration

I declare that, to the best of my knowledge and belief, the information provided 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 complete a claim form and 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 complete and return this form by:

**Fax: 1300 787 755**

or

**Email: [claims@calliden.com.au](mailto:claims@calliden.com.au)**

or

**Post: Blue Dog Claims**

**PO Box 2717**

**Taren Point NSW 2229**