

Property Claim Form

IMPORTANT NOTICES

This Policy is issued by Calliden Agency Services Limited ('CASL') (ABN 15 096 726 895, AFSL 234437) acting under a binder as agent for Great Lakes Reinsurance (UK) PLC (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('Great Lakes Australia').

General Insurance Code of Practice

Great Lakes Australia 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. CASL'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.

Your Duty of Disclosure

The law requires You to tell Us everything You know (or could reasonably be expected to know in the circumstances) which is relevant to Our decision to insure You and the terms on which We insure You. This duty applies before You enter into a contract with Us and also before each time You renew, extend, vary or reinstate the Policy. Each person named as the insured has the same duty.

You do not need to tell Us anything which:

- reduces the risk;
- is common knowledge;
- We already know, or ought to know in the ordinary course of Our business; or
- We indicate We do not want to know.

If You do not tell Us

If You do not comply with Your duty of disclosure, We may reduce or refuse to pay a claim and/or cancel Your Policy. We may invalidate the Policy from its beginning and not be bound by it if the non-disclosure was fraudulent.

After the Policy is entered into, ongoing disclosure obligations apply. See the Policy for details.

Privacy Statement

In this Privacy Notice the use of "we", "our" or "us" means Great Lakes Australia (GLA) or Calliden Agency Services Limited (CASL), unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance Policy and respond to

any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers, service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access the Great Lakes Australia Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx, CASL's Privacy Policy at www.calliden.com.au/docs/PrivacyPolicy.pdf and Privacy Statement at www.calliden.com.au/privacyandsecurity/privacy-statement.cfm.

GST

The limits of cover that You choose should exclude Goods and Services Tax (GST).

If You are not registered for GST in the event of a claim We will reimburse You the GST component in addition to the amount that We pay.

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 entitled to an input tax credit for the premium, You must inform Us of the extent of that entitlement at or before the time You make a claim under this Policy. We will not indemnify You for any GST liability, fines or penalties that arise from or are attributable to Your failure to notify Us of Your entitlement (or correct entitlement) to an input tax credit on the premium.

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 Process

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.

If You have a complaint, contact CASL by:

Tel: 1300 00 2255

Fax: 1300 662 215

Email: servicefeedback@calliden.com.au

Mail: PO Box 348, Milsons Point, NSW 1565

Alternatively, You can contact Our Dispute Resolution Officer at Great Lakes Australia, directly using the contact details below:

Tel: +61 2 9272 2157

Email: disputes@gla.com.au

Mail: Great Lakes Australia, 143 Macquarie Street, Sydney NSW 2000

Please refer to Your Policy for full details of Our Dispute Resolution Process.

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: _____

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**Loss or Damage**

Date and time of loss or damage Date: ____ / ____ / ____ Time: _____ am/pm

Location of loss or damage _____

Are You the only occupier of Your premises? Yes No

If No, give details of other occupants _____

Who discovered the loss or damage? _____

Date and time loss or damage was discovered Date: ____ / ____ / ____ Time: _____ am/pm

Were there any witnesses to the loss or damage? Yes No

Name, address and contact details of witness one _____

Name, address and contact details of witness two _____

Were the premises broken into? Yes No

When were the premises last occupied? Date: ____ / ____ / ____ Time: _____ am/pm

Were the premises securely locked? Yes No

How was entry gained? _____

Have steps been taken to improve security of the premises? Yes No

Details of security upgrade _____

Name of police station that the incident was reported to _____

Date reported ____ / ____ / ____

Name of police officer _____ Police office report number _____

Section 2

Loss or Damage (cont'd)

In case of loss/damage caused by fire please provide fire station details

Date reported to fire brigade _____ Date: ____ / ____ / ____

Details of the loss _____

Section 3

Repair, Replacement or Settlement

Is the property repairable? Yes No

Are quotes for repairs attached? Yes No

If property is unable to be repaired attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

Do You owe money on the property lost or damaged? Yes No

Lenders Name _____

Lenders address _____

Amount Owing \$ _____

Is any of the property lost or damaged covered under other policies, including health insurance? Yes No

Name of Insurer _____ Policy Number _____

Type of insurance _____

Have You had a previous loss or made a claim for loss or damage on any insurer in the past five years? Yes No

Tell Us what happened – loss 1 _____

Date & value of the loss _____ Date ____ / ____ / ____ Value \$ _____

Insurer _____

Tell Us what happened – loss 2 _____

Date & value of the loss _____ Date ____ / ____ / ____ Value \$ _____

Insurer _____

Section 3

Repair, Replacement or Settlement (cont'd)

Has an insurer refused or cancelled cover or required special terms to insure You?

Yes No

If Yes, provide details _____

Have You been charged with, or convicted of, any criminal offence in the last ten years?

Yes No

If Yes, provide details _____

Section 4

Comments

Section 5

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 CASL, its agents and Great Lakes Australia using the personal information I have provided on this form for the purposes of processing my claim. I consent to the disclosure of sensitive information to third parties in order to process this claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of the insurance claim. I understand that if this consent is not given CASL, its agents and Great Lakes Australia will not be able to process this insurance claim.

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: _____



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