

# Sports Underwriting Australia

## Management Liability Claim Form

### Sports Underwriting Australia Claims Department

PO Box 348, Milsons Point NSW 1565

Tel: 1300 880 037 | Fax: +61 2 9551 1155

liabilityclaims@sportsunderwriting.com.au

## IMPORTANT NOTICES

### The Insurer and Agent

Sports Underwriting Australia Pty Ltd (Sports Underwriting) (ABN 53 119 852 096, AFSL 302484) acts as agent for Calliden Insurance Limited (Calliden) (ABN 47 004 125 268, AFSL 234438), the insurer of the product.

### General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice. The Code aims to raise standards of service between insurers and their customers.

For any information about the Code, including a copy of the Code, contact Calliden or Financial Ombudsman Service on 1300 78 08 08 or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

### Your Duty of Disclosure

This Policy is subject to the *Insurance Contracts Act 1984*. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- reduce the risk
- are common knowledge
- we know or, in the ordinary course of our business, ought to know, or
- we have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- reduce our liability for any claim
- cancel the contract
- refuse to pay the claim
- avoid the contract from its beginning, if your nondisclosure was fraudulent.

### Dispute Resolution Process

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.

If you have a complaint, contact us by:

- Tel: +61 2 9551 1111
- Fax: +61 2 9551 1155
- Email: [servicefeedback@calliden.com.au](mailto:servicefeedback@calliden.com.au)
- Mail: PO Box 348, Milsons Point, NSW 1565.

Please refer to your Policy for full details of our Dispute Resolution Process.

### Privacy Statement

Both Calliden and Sports Underwriting 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 Sports Underwriting treat your personal information.

Calliden and Sports 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 Sports 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 Sports Underwriting's Privacy Policies). Calliden and Sports Underwriting may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Calliden and Sports Underwriting will only share information with third parties where Calliden and Sports Underwriting reasonably believe it is necessary in assessing your insurance claim and in providing the products and services requested.

Calliden's and Sports 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 to obtain a copy of the Privacy Policies, please contact Calliden's Privacy Officer by:

- Tel: +61 2 9551 1111
- Fax: +61 2 9551 1155
- Email: [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- Mail: Privacy Officer, PO Box 348, Milsons Point NSW 1565.

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

You can also download a copy of Sports Underwriting's Privacy Policy by visiting [www.sportsunderwriting.com.au](http://www.sportsunderwriting.com.au)

### Taxation Information

The amount of cover available under this Policy excludes 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.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

**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

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\_\_\_\_\_

**Section 3**

**Details of the Subject Activity**

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

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

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

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**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?

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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

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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?

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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?

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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.

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**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 Sports Underwriting 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 my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my insurance claim. I understand that if this consent is not given Calliden and Sports Underwriting 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: \_\_\_\_\_