



Property Claim Form

Cyclecover Claims Department

46a Kilby Rd. Kew East, 3102
PO Box 437, Kew East, 3102
Tel: 1300 733 055 Fax: 03 8648 5910
Email: info@cyclecover.com.au

General Code of Practice

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

Privacy Statement

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
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer,
PO Box 348, Milsons Point NSW 1565

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

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

Fax: 02 9551 1155

Address: PO Box 348, Milsons Point NSW 1565

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 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 indicate the number of additional pages attached to this claim form: _____