



### Cyclecover Claims Department

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## Theft & Loss of Money Claim Form

### General Code of Practice

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

### Privacy Statement

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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](http://www.calliden.com.au)
- by phone 02 9551 1111
- by email to [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- by letter to Privacy Officer,  
PO Box 348, Milsons Point NSW 1565

### GST and Insurance Requirements

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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

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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](mailto: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****Theft Loss or Damage**

Date and time of loss or damage Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Address of premises from which article(s) was/were stolen from \_\_\_\_\_

Are you the only occupier of your premises? Yes  No 

If No, give details of other occupier \_\_\_\_\_

Are you the sole owner of the article(s) damaged or stolen? Yes  No 

If No, please provide name(s) and the nature of interest of others. \_\_\_\_\_

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 first witness \_\_\_\_\_

Name, address and contact details of second witness \_\_\_\_\_

How was entry gained to the premises? \_\_\_\_\_

Were the premises occupied at the time of the loss? Yes  No

**Section 2**

**Theft Loss or Damage (cont'd)**

If Yes, please provide details of person(s) at the premises at this time \_\_\_\_\_

When were the premises last occupied? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Were the premises fully secured at the time of the theft? Yes  No

If No, please provide details as to why not fully secured \_\_\_\_\_

At the time of loss, was any part of the premises let or sub-let? Yes  No

If Yes, please provide details \_\_\_\_\_

At the time of the loss, what was the estimated value of the total contents at the premises? \$ \_\_\_\_\_

Are there any other insurances against burglary or theft for the article(s) stolen? Yes  No

If Yes, please provide details of the other insurance company's name and policy number

Have you ever had a loss involving burglary or theft before? Yes  No

If Yes, please provide the details including the Company insured with at that time

Is there any other information relevant to this claim? Yes  No

If Yes, please provide the details

Was the incident reported to the police? Yes  No

If Yes, please provide the name of police station that the incident was reported to

Date reported \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Police office report number \_\_\_\_\_

Name of police officer \_\_\_\_\_

**Details of the Article(s) for which a Claim is Being Made**

Please forward any quotations and/or tax invoices for cost or repairs, together with documents to substantiate your claim (e.g. proof of original purchase). If insufficient space then please attach another piece of paper, which should be signed and dated.

Full description of article(s) including brand, model No., size etc	From Whom Purchased	Date of Purchase	Amount Paid	Repair or Replacement Cost (exc GST)	Amount of GST	Amount Claimed

If insufficient space, please attach another piece of paper which should be signed and dated.

**Section 3**

**Loss of Money**

Date and time of loss or damage

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ am/pm

Address of premises from which money was stolen

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Are you the only occupier of your premises?

Yes  No

If No, please provide details of other occupants

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Are you the sole owner of the money stolen?

Yes  No

If No, please provide name(s) and the nature of interest of others

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Who discovered the loss or damage?

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Date and time loss or damage was discovered

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ am/pm

Location at premises where the money was lost or stolen from (e.g. from safe, cash drawer etc)

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**Section 4****Loss of Money (cont'd)**

Was the incident reported to the police? Yes  No

Name of police station that incident was reported to

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Date reported \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Police office report number \_\_\_\_\_

Name of police officer \_\_\_\_\_

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

Name, address and contact details of witness one

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Name, address and contact details of witness two

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How was entry gained to the premises?

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Was the premises occupied at the time of the loss? Yes  No

If Yes, please provide details of person(s) at the premises at this time

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When were the premises last occupied? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ am/pm

Were the premises fully secured at the time of the theft? Yes  No

If No, please provide details as to why not fully secured

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At the time of loss, was any part of the premises let or sub-let? Yes  No

If Yes, please give details

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Are there any other insurances against loss of money? Yes  No

If Yes, please give details of the other company's name and policy number

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Have you ever had a loss involving burglary or theft of money before? Yes  No

**Section 4**

**Loss of Money (cont'd)**

If Yes, please provide the details including the company insured with at that time

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\_\_\_\_\_

Is there any other information relevant to this claim?

Yes  No

If Yes, please provide the details

\_\_\_\_\_

\_\_\_\_\_

**Section 5**

**Details of Money Claim**

What is the amount of money lost or stolen?

\$ \_\_\_\_\_

What is the amount you are claiming?

\$ \_\_\_\_\_

Please provide a break-up of the money lost/stolen (e.g. amount in cash, credit cards, etc.)

\_\_\_\_\_

\_\_\_\_\_

**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 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: \_\_\_\_\_