

Phone: **1300 733 055**  
 Web: **www.cyclecover.com.au**  
 Email: **claims@cyclecover.com.au**  
 Fax: **03 8862 2233**

The issue of this form does not constitute an admission of liability on the part of the insurer.

## THE INSURED

Name	Surname	Given Name(s)										
Address												
		State					Postcode					
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?										
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Contact Details	Business ( )					Private ( )						
	Facsimile ( )					Mobile						
	Email Address											
Occupation											Date of Birth / /	

## THE PROPERTY

Are you the owner of the stolen property? Yes  No  – Give details.

Was there any other insurance covering this damage current at the time of the occurrence? No  Yes  – Give details.  
 Name of Insurer  Policy Number

Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. leasee) No  Yes  – Give details.  
 Name  Telephone ( )

## INCIDENT DETAILS

Where did the loss occur?  
 Address  State  Postcode

Describe the premises (i.e. Home, Flat, Boarding House, Home Unit)

Are the premises tenanted? No  Yes  – Who usually lives there?

If tenanted, are the premises let furnished? No  Yes

Were the premise occupied at the time of the loss? No  Yes  – Give details of when last occupied.  
 Name  Hour  Day  Date  / /

Was anyone other than the Insured or his/her immediate family at home at the time of the loss? No  Yes  – Give details.

Is any trade, business or profession carried out at the premises? No  Yes  – Give details.

## INCIDENT DETAILS

Day and Date of incident  /  /  Between the hours of  am/pm  am/pm

How did the loss occur?

Was another person responsible for the loss? No  Yes  – Give details.

Name

Address

## DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years? No  Yes  – Give details.

Describe loss, damage or liability	Date	Amount
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$

Have you made a claim on any insurer for any of the above mentioned incidents? No  Yes  – Give details.

Insurer	Date	Amount
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$
<input type="text"/>	/ /	\$

## THEFT OR BURGLARY – Please attach original purchase dockets, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.

How was the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property? No  Yes  – Give details.

## SECURITY DETAILS

Are any of these used to provide security to the premises and or bicycle?

Bicycle lock  Double keyed deadlocks  Internal Alarm

If yes please describe type of lock  Back to base (please attach activity report)  Fixed safe

Grilles on all accessible windows and doors  Free standing safe

Keyed window locks on all accessible windows  Perimeter Alarm  None

Did the device activate as a result of theft? Yes  No

**ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.**

