

Phone: **1300 733 055**
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 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 damaged bicycle? 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 or damage occur?

Address State Postcode

Describe the location

Were you Racing Social Ride Training

INCIDENT DETAILS (Continued)

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

How did the damage/loss occur?

Was another person responsible for the damage? 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
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

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

Insurer	Date	Amount
	/ /	\$
	/ /	\$
	/ /	\$

POLICE DETAILS

Have the police been notified? No Yes – By whom?

Name Telephone

Police station Date notified

Crime Report No.

Please attach a copy of the Police Report, if available.

