Cyclecover Claims Department
Level 3, 509 St Kilda Road, Melbourne, Vic 3004
PO Box 6178, Melbourne, Vic 3004
Tel: 1300 733 055 Fax: 03 8648 5910
Email: info@cyclecover.com.au

Electronic Equipment Claim Form

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): _____

Home Ph: _____ Business Ph: _____

Mobile: _____ Email: _____

Preferred method of contact _____ Occupation: _____

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 and Damage

Date and time of loss or damage Date: ___/___/___ Time: _____ am/pm

Location of loss or damage _____

Are you the sole owner of the property lost or damaged? Yes ☐ No ☐

If No, give details of other owners or parties _____

Describe as fully as possible how the loss occurred _____

Do you consider any other party responsible for the loss? Yes ☐ No ☐

If Yes, please state why _____

Do you hold any other insurances under which a claim for this loss may be lodged? Yes ☐ No ☐

If Yes, please give details _____

Name the type of appliance to which the motor was attached _____

Who was it purchased from? _____

Date of Purchase Date: ___/___/___ Purchase Price: $ _____

Is the motor under manufacturer's warranty? Yes ☐ No ☐

If Yes, provide details of claim made under warranty _____

Section 3 Electrical Repairs

Make of motor _____ Horse Power (hp) _____

Serial number _____ Voltage _____

Revolutions per minute (rpm) _____ Unit open or sealed: Open ☐ Sealed ☐ Age of motor _____

Details of damage _____

_____

_____

Cause of damage _____

Repair Costs (repair account to be attached)

Windings: $ _____ Compressor: $_____ Other Repairs: $ _____

* Please show the Input tax credits you are entitled to claim on the purchase of each item as a percentage of the total GST payable

Description of Goods	**Quantity**	**Cost**	**Amount Claimed**	***Input Tax Credit %**
Repairs having been completed to my satisfaction I hereby claim the amount of			**$**	

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: _____