



## 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

# Machinery 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****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**

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

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## Declaration

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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: \_\_\_\_\_