



Cyclecover Claims Department

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Theft & Loss of Money 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): _____

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

Are you the only occupier of your premises?

Yes No

If No, please provide details of other occupants

Are you the sole owner of the money 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

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

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

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

Name, address and contact details of witness two

How was entry gained to the premises?

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

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 give details

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

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

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: _____