

8. Previous claims

Have you had any bicycle related losses or home contents claims in the last three years?

Yes No If Yes, please provide details

9. Ownership and other insurance

Are you able to make a claim with another insurance company for any part of the bicycle you are claiming now?

Yes No If Yes, please provide details

Name of Insurer:

10. Goods and Services Tax (GST)

Are you registered for GST? Yes No

If Yes, please provide your ABN number:

Do you have an entitlement to claim Input Tax Credit in respect of your bicycle insurance premium? Yes No

If Yes, what is your entitlement? %

11. Local bicycle shop

Please provide details of the bicycle shop that you normally support

Business name:
Address:
Postcode
Phone number: ()
Contact name:

12. Schedule

Please provide full details of your loss. If there is insufficient space below, please attach a separate piece of paper with the details.

Details of items damaged	Year Purchased	Replacement Value (\$)	Cost of repairs (if damaged) (\$)	Amount claimed (\$)

To avoid delays in processing your claim, please attach all original invoices, receipts or repair / replacement quotes to this form.

13. Declaration

1. I hereby certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

2. I authorise Velosure to give to, or obtain from, other insurers or any insurance reference bureau, any information to this claim or any other claim made by me or any insurance held by me.

Insured signature:

Date: / /
