

Theft Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers, please attach a separate page on the back of the form.

Please fax the claim form to (02) 9346 6799.

1. Your details

Policy Number	Expiry date
	/ /

Name of Insured

Postal Address
Postcode

Phone Number	Work / Mobile Number
()	()

Contact details of the person looking after the bike at the time of loss (if not the Insured)	
Name:	
Address:	
	Postcode
Phone number: ()	

2. Your Bicycle

Make:
Model:
Serial No:
Colour:

3. Incident details

Date of Occurrences	Time
/ /	: am/ pm

Where was your bicycle stolen from?
Postcode

Please describe details of the theft

4. Police

Please provide the police report details

Police station:
Date reported: / /
Time reported: am/pm
Police report number:

5. Additional information

At the time of the theft, was your bicycle:

- At your home address Away from your home address

Was your bicycle:

- In a locked building In an unlocked building
 In the open air Somewhere else

If you answered "Somewhere else", please provide further details

If you answered "In a locked building", please provide details of how entry was gained to that building

Was your bicycle secured by a lock at the time of the theft?

- Yes No If Yes, please provide details of the lock

Do you have the remains of the lock? Yes No

Was your bicycle secured to an object at the time of theft?

- Yes No If Yes, please provide details

6. 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

7. Ownership and other insurance

Are you the sole owner of the damaged property?

Yes No If No, please provide details

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:

8. Goods and Services Tax (GST)

Are you registered for GST? Yes No

If Yes, please provide your ABN number:

10. 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. Proof of ownership is required for stolen items i.e. purchase invoices, receipts, photos etc.

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

If Yes, what is your entitlement? %

9. Local bicycle shop

Please provide details of the bicycle shop that you normally support

Business name:

Address:

Postcode

Phone number: ()

Contact name:

11. 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.

3. I agree to immediately notify Velosure if any stolen or lost property forming part of this claim is recovered or found.

Insured signature:

Date: / /