

BIKESURE CLAIM FORM

1. YOUR DETAILS

Policy number

Name of insured

Contact person

Address

Postcode

Private

Mobile

Business

Facsimile

Email

Occupation

Are you entitled to claim back the GST component of costs relating to the insured property, as an Input Tax Credit from the ATO?

NO YES 100% YES OTHER %

If Yes, what is your ABN?

EFT details: Bank and branch

BSB

Account

Account name:

2. INTERESTED PARTIES

Does any other financial party hold an interest or encumbrance on the property claimed?

NO YES, Financier

Is there another insurance policy covering the items claimed?

NO YES, Financier

Policy type

3. INCIDENT DETAILS

Date of incident

Time

 am pm

Address and place where incident occurred

Were you participating in an organised sporting event (tick):

- Triathlon Road race Mountain bike race event
 Criterium Velodrome Downhill racing

Other

Please advise in detail how the incident occurred. In the event of theft, please include how access to your property was gained.

Describe the damage to your bike or other property.

4. ITEMS CLAIMED

Please provide photos of the damage and a quote for repairs. In the event the item cannot be repaired, please provide a written report stating this, together with a quote for replacement. Your purchase invoice is required for any stolen items.

Description of Property lost/damaged/stolen	Year Purchased	New Replacement	Cost of Repair	Amount Claimed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
			Total	\$

5. OTHER PARTIES AND WITNESSES

If any other parties were involved, who do you consider responsible for the incident and why?

All known Third Party details:

Full Name

Address

Postcode

Contact No.

6. ACTIONS AND SECURITY

What security arrangements did you have in place at the time of the incident?

Have you taken any other action to recover or reduce your loss?

NO YES. Please give details.

What security improvements have been made since the loss?

7. POLICE

We cannot proceed with claims for theft or malicious damage without the following details:

Police report number

Date reported

Station

Have any charges been laid or any other Police action taken?

Please keep us informed of any Police proceedings which may occur.

8. DECLARATION

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature

Date

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