

# 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 to the back of the form.

## Your details

Policy Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Address (Insured): \_\_\_\_\_  
 \_\_\_\_\_

Best phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact:  Email  Phone

Serial number of bicycle/s under claim: \_\_\_\_\_  
 \_\_\_\_\_

## Incident details

Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Where was your bicycle stolen from?  
 \_\_\_\_\_

Please describe the details of the theft:

Please return the completed form to us by either:

- Email** customercare@velosure.com.au
- Post** PO Box 199, Chatswood NSW 2057
- Fax** (02) 8889 9554

## Police report

Please provide the police report details:

Police station: \_\_\_\_\_

Date reported: \_\_\_\_\_ Time: \_\_\_\_\_

Police report number: \_\_\_\_\_

## 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 "in a locked building", please provide details of how entry was gained to that building:

If you answered "somewhere else", please provide details:

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

Yes  No If yes, please provide details

Do you have the remains of the lock?  Yes  No

## Previous claims

Have you had any bicycle related losses/claims or home and contents insurance claims in the last 3 years?

Yes  No If yes, please provide details

## Local bicycle shop

The details of the bike shop that you normally support:

Store name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Other insurance

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

Yes  No If yes, please provide details

Name of insurer: \_\_\_\_\_

Policy # \_\_\_\_\_

## Stolen items

List your stolen items	Year purchased

To avoid delays in processing your claim, please attach all original purchase invoices where available.

Checklist:

- Original purchase invoice/s  CCTV  
 Photos of the area where the bike was stolen from  Police report number  
 Photo of the remains of the lock

## Declaration

- 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.
- 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.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_