

Accident 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.

Please return the completed form to us by either:

Email bike@realinsurance.com.au

Post PO Box 199 Chatswood NSW 2057

Fax (02) 8889 9554

YOUR DETAILS

Policy Number: _____

Name of insured: _____

Name of rider at time of accident: _____

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 did the incident occur?

Please describe what happened:

Where is your bike now?

OTHER PARTIES

Were there any other parties involved in the accident?

Yes No If yes, please provide details

How were they involved? _____

Name: _____

Address: _____

Contact number: _____

If it was another bicycle or car, please provide the following details where applicable:

Make: _____

Model: _____

Rego No / Serial No: _____

Name of insurer: _____

Applicable claim number: _____

WITNESSES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

POLICE REPORT

Please provide the police report details if applicable:

Police station: _____

Date reported: _____ Time: _____

Police report number: _____

WERE YOU INJURED IN THE ACCIDENT?

Yes No If yes, please provide details

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 # _____

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: _____

Contact name: _____

Phone number: _____

DAMAGE TO YOUR BICYCLE

List your damaged items	Briefly describe the damage	Year purchased

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

Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Original purchase invoice/s | <input type="checkbox"/> Copy of the police report/s (if applicable) |
| <input type="checkbox"/> Photos of all damaged areas (in focus) | <input type="checkbox"/> Photo of the complete bike in post incident state |

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 Real Bike Insurance 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: _____