Policy Number:	20595510306
Claim Number (to be inserted by insurer):	

LIABILITY INCIDENT REPORT

For further information relating to the Public Liability insurance policy for Bicycle NSW please refer to www.vinsurancegroup.com/bicyclensw/.

The information provided in this form will assist the insurer and /or their claims handlers, assessors and other parties review the incident that has occurred. The insurer may require additional information and require your further assistance as a part of the claims handling process. We bring to your attention that you are obliged to help the insurer resolve the matter.

IMPORTANT INFORMATION

You are reminded that in no circumstance should you admit any liability or make any offer or enter into any correspondence with any incident which may result in a claim under your policy.

HOW TO LODGE A LIABILITY CLAIM?

Step 1	Notify V-Insurance Group immediately of your intention to lodge a liability claim via one of the following options: Phone: +61 2 8599 8660 Email: sports@vinsurancegroup.com
Step 2	Complete all sections of the claim form. Your claim form may be returned if there is important information missing. For assistance, please contact V-Insurance Group on +61 2 8599 8660
Step 3	Send your claim form (completed in full) with any supporting documentation to V-Insurance Group as soon as possible.
Step 4	V-Insurance Group will confirm receipt of your claim form and contact you should they require more information. Please contact V-Insurance Group directly if you have not received receipt of your claim within 7 days. Please note that future correspondence may be via the insurer.

PLEASE SEND YOUR COMPLETED CLAM FORM AND SUPPORTING DOCUMENTATION TO:

Email:	sports@vinsurancegroup.com
Address:	V-Insurance Group Level 25, Angel Place, 123 Pitt Street, Sydney, NSW, 2026

INSURED'S DETAILS

Name of Insured:		Member Number if known:	
Postal Address:		Post code:	
Contact Name:			
Telephone Number:		Mobile Number:	
Email Address:			

If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page.

Are you registered for GST purposes? (Tick box applicable):	YES: ☐	NO: ☐
If YES, what is your Australian Business Number (ABN)?		
Have you claimed or are you entitled to claim an Input Tax Credit on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	YES: ☐	NO: ☐
If YES, what percentage of the GST did you claim or are you entitled to claim?	%	

(If the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

INCIDENT DETAILS

Date of Event:		Time of Incident:		AM: ☐	PM: ☐
Date reported to you:					
Exact place of Incident:					

Description of the Incident:

Weather Conditions at the time of the incident:

If riding a bicycle and appropriate to the claim, please advise if;

You had your lights on?	
You wear wearing a helmet?	
Did you ring your bell or alert the third party?	

What type of bike were you riding at the time of the incident? Please tick;	
Road Bike ☐ BMX Bike ☐ Mountain Bike ☐ Unicycle ☐ Recumbent Bike ☐ e-Bike ☐ Push Scooter ☐ OTHER ☐	
If OTHER, please advise;	
If you were riding an e-Bike please confirm it was ridden legally and complicit with government requirements when the incident occurred	Yes ☐ No ☐
Name(s) and address(es) of any persons(s) injured:	
Name:	
Address:	
Name:	
Address:	
Name(s) and address(es) of any persons(s) injured:	
Name:	
Address:	
Name:	
Address:	
If appropriate (i.e: the incident occurred on the road), please draw a diagram of the incident with indication of each party involved and the direction moved etc.	
Were emergency services such as ambulance, police or fire brigade contacted?	Yes ☐ No ☐
If "yes" please provide details:	

*Please provide photographs or video footage if available.

INCIDENT DETAILS (continued…)

Do you consider yourself responsible for the accident?			
Yes? Please state your reason:			
No? Please state your reason:			
Name and address of person(s) whom you consider to be responsible and their relationship to you.			
Name:		Relationship:	
Address:			
Phone:		Email:	

THIRD PARTY DETAILS

Name of Third Party:			
Permanent Address of Third Party:			
Phone		Email:	
Nature and extent of injuries/damage:			
Have you received notice of any claim from a Third Party? (This may be from the Third Party insurer or lawyer)	Yes ☐	No ☐	
If yes, please enclose a copy with this form.			
Have you made any admission of liability?	Yes ☐	No ☐	
If yes, please provide details:			

OTHER INSURANCE

Do you have other liability insurance in place that may cover this incident? If so, please provide the following details;

Insurer Name:

Policy Type:

Some Household insurance policies (ie: Building and or contents) provide Personal Liability Insurance that cover cycling activities. If the incident occurred when travelling, most Travel insurance policies provide cover for Personal Liability insurance.

DECLARATION

I declare that to the best of my knowledge and belief, the information in this form is true and correct and I have not withheld any relevant information.

Name of the Insured or person with authority to sign for or on behalf of the insured:	
Position held with the Insured (this section does not apply for individual members):	
Signature of the insured or person with authority to sign for or on behalf of the insured:	
Date:	

IMPORTANT INFORMATION

Do not disclose that you are insured, but merely state that enquiries will be made. Do not reply to any communication received from a Third Party, but forward to V-Insurance Group. The company's issue and/or acceptance of this form, duly completed, must not be taken as an admission of its liability.

1. **Do not** admit liability.
2. Make sure that you give us ALL details about your claim.
3. Please send any documentation you have which may assist in our investigations.
4. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property.
5. If possible, keep damaged items available as your insurer may wish to inspect them.
6. Please note that an excess may apply to this claim. This excess will need to be paid to the insurer or their agent when the claim is settled. Please contact V-Insurance Group to find out if an excess applies.

IMPORTANT DETAILS

- V-Insurance Privacy Policy can be viewed by visiting https://vinsurancegroup.com/privacy-policy/
- V-Insurance Group is an Authorised Representative of MGA Insurance Brokers (AR # 432898). MGA holds an Australian Financial Service Licence (AFSL #244601).
- V-Insurance Group ABN is 67 160 126 509

V-Insurance Group

www.vinsurancegroup.com

Address: Level 25, Angel Place
123 Pitt Street, Sydney, NSW, 2000

Phone: +61(2) 8599 8660

Fax: +61(2) 8599 8661

Email: sports@vinsurancegroup.com