

# YellowJersey

## ACCIDENT CLAIM FORM

### ABOUT YOU

Name	Patrick McKenna
Email	patrick.mckenna@theplangroup.co.uk
Date of Birth	16/02/1986
Policy Number	YJTW365E003013
Policy Cover	Essential
Policy Start Date	30/01/2020
Mobile Number	07777777777
Address	23 Warren Park
Postcode	CR6 9LD

### INCIDENT DETAILS

Date of Incident  
07/02/2019

Time of Incident  
02:00

Location of incident  
Croydon

Who was using the bicycle at the time of the incident?  
Me

### CIRCUMSTANCES

Slid out of a corner

### WITNESSES

No

N/A

## **INJURY**

Yes

## **INJURY DETAILS**

Hurt right thigh

## **THIRD PARTY DETAILS**

Pothole

## **WAS THE INCIDENT REPORTED**

No

Police details (Officer Number)

N/A

Police station details

N/A

Police station contact number

N/A

Reference number

N/A

## **ITEMS CLAIMED FOR**

afs | Insured Value: £123

Fixed Accessories | Insured Value: £250

Does your claim relate to a damaged carbon frame or wheelset?

Yes

Bicycle damage details

BRoken rear derailleur hanger,r broken carbon bars

## **ADDITIONAL INFORMATION**

Have you ever insured your bicycles with another insurer?

Yes

Previous insurer

Cycleplan

Expiry date

01051992

Details of any bicycle or cycling related claims in the past 3 years

N/A

Do you have any criminal convictions which you are required to disclose to us?

No

N/A

Have you ever had a policy canceled or void by another insurer?

No

N/A

Have you ever had your insurance renewal refused, or special terms imposed?

No

N/A

Do you agree to the following declaration?

Yes

## **DECLARATION**

I declare that the information contained in this form is true to the best of my knowledge and I have not withheld any information connected with this claim. I accept that if I exaggerate any part of this claim, or make any false declaration or statement, I shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I accept that any such action on my part may render me liable to prosecution. I further agree to provide any further information or documentation as may be reasonably required. I understand that you may seek information from other insurers to check answers that I have provided. By returning this form electronically via the Yellow Jersey website in the absence of a signature constitutes acceptance of the declaration.

**IMPORTANT NOTICE:** Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange register operated by Insurance Datatype Services Ltd. A list of participants is available upon request. The information you supply on this form, together with the information you have supplied on your insurance and any other information related to the claim, will be supplied to participants.