

# Yellow Jersey

## THEFT REPORT FORM

### ABOUT YOU

Name	Patrick McKenna
Email	patrick.mckenna@theplangroup.co.uk
Date of Birth	15/02/2001
Policy Number	YJAL365U000055
Policy Type	Ultimate
Policy Start Date	31/01/2020
Mobile Number	0777777777
Address	23 Warren Park
Postcode	CR6 9LD

### CLAIM DETAILS

£231 | Insured Value: £231

£3000 | Insured Value: £3000

Fixed Accessories | Insured Value: £250

Helmet and Clothing | Insured Value: £250

Items insured by Yellow Jersey stolen in the incident

xx

Approximate replacement value of stolen items

4781

### CIRCUMSTANCES

Please describe the circumstances of the theft

xx

### THEFT DETAILS

Location:

xx

Who was responsible for the bicycle?

xx

How long was the bicycle left unattended?

xx

Time and date bike was last seen by you

01/01/2020 02:00

Time and date theft was discovered

07/01/2020 18:00

## **WITNESS**

Were there any witnesses to the theft?

No

Witness details if available

## **POLICE DETAILS**

Name and address of Police Station theft was reported to

xx

Police Station contact number

xx

Crime incident number

xx

Did the police attend the scene?

No

Was the theft reported to the police immediately?

No

If the theft wasn't reported to the police immediately, what was the reason for the delay?

xxx

## **SECURITY**

Please detail how the bicycle was secured when it was stolen

xxx

If the bicycle was secured with a bicycle lock, please detail the lock make and model

xxx

If the bicycle was stolen from a vehicle, how was access gained to the vehicle, and which security devices were fitted and in operation at the time?

xxx

If a bicycle lock was not required at the time of the theft, please state the alternate security methods?

xxx

## **ADDITIONAL INFORMATION**

Have you ever insured your bicycles with another insurer?

No

Previous insurer

N/A

Expiry date

N/A

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?

Yes

xxx

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

Yes

xxxxxx

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.