

# YellowJersey

## RACE FEE CANCELLATION CLAIM FORM

### ABOUT YOU

Name	Mr Patrick McKenna
Email	flgvkanvl@rskjra.co.uk
Date of Birth	02/02/2001
Policy Number	YJAL365U000223
Policy Cover	Ultimate
Policy Start Date	29/02/2020
Mobile Number	07777777777
Address	23 Warren Park
Postcode	CR6 9LD

### EVENT DETAILS

Name of event  
we

Event date  
13/02/2020

Date you paid the entry fee  
22/02/2020

Cost of event entry  
ew

Total you are claiming for  
we

Is a full or partial refund available from the event organisers?  
No

Event refund terms and conditions  
N/A

## **CIRCUMSTANCES**

What were the circumstances which prevented you from entering the event?  
we

Medical details in relation to the claim  
N/A

Consultation date  
N/A

Confirm whether the consultant advised you not to attend the event?  
No

## **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 cancelled 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.