

YellowJersey

ACCIDENT CLAIM FORM

ABOUT YOU

Name	Mr Tom Mcmorrin
Email	tommcmorrin+yjlexnex@gmail.com
Date of Birth	22/07/1989
Policy Number	YJAL365E005600
Policy Cover	Ultimate
Policy Start Date	06/08/2021
Mobile Number	07590200246
Address	50 Bodmin Street
Postcode	SW18 4PT
Account Holder	LEXNEX + INJURY TEST
Account Number	LEXNEX + INJURY TEST
Sort Code	LEXNEX + INJURY TEST

INCIDENT DETAILS

Date of Incident
08/08/2021

Time of Incident
16:00

Location of incident
LEXNEX + INJURY TEST

Who was using the bicycle at the time of the incident?
LEXNEX + INJURY TEST

CIRCUMSTANCES

LEXNEX + INJURY TEST

WITNESSES

Yes

LEXNEX + INJURY TEST

INJURY

Yes

INJURY DETAILS

LEXNEX + INJURY TEST

THIRD PARTY DETAILS

LEXNEX + INJURY TEST

WAS THE INCIDENT REPORTED

Yes

Police details (Officer Number)

LEXNEX + INJURY TEST

Police station details

LEXNEX + INJURY TEST

Police station contact number

LEXNEX + INJURY TEST

Reference number

LEXNEX + INJURY TEST

ITEMS CLAIMED FOR

test test | Insured Value: £5000 | Bought New

Fixed Accessories | Insured Value: £250

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

Yes

Bicycle damage details

LEXNEX + INJURY TEST

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?

No

N/A

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

No

N/A

Account Holder

No

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

No

Previous insurer

N/A

Expiry date

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.