

YellowJersey

RACE FEE CANCELLATION CLAIM FORM

ABOUT YOU

Name	Mr Thomas Mcmorrin
Email	tommcmorrin+lexnextest210921@gmail.com
Date of Birth	22/07/1989
Policy Number	YJAL365U003897
Policy Cover	Ultimate
Policy Start Date	21/09/2021
Mobile Number	07590200246
Address	50 Bodmin Street
Postcode	SW184PT
Account Holder	LEXNEX API TEST 21.09.21
Account Number	LEXNEX API TEST 21.09.21
Sort Code	LEXNEX API TEST 21.09.21

EVENT DETAILS

Name of event
LEXNEX API TEST 21.09.21

Event date
21/09/2021

Date you paid the entry fee
21/09/2021

Cost of event entry
LEXNEX API TEST 21.09.21

Total you are claiming for
LEXNEX API TEST 21.09.21

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?

LEXNEX API TEST 21.09.21

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.