# YellowJersey ACCIDENT CLAIM FORM

## **ABOUT YOU**

Name Mr Tom Mcmorrin

Email tommcmorrin+yjtest140921@gmail.com

Date of Birth 05/04/1993

Policy Number YJAL365U003886

Policy Cover Ultimate

Policy Start Date 17/09/2021

Mobile Number 07590200245

Address TESTEST

Postcode RH11LQ

Account Holder NO INJURY AND THIRD PARTY

Account Number NO INJURY AND THIRD PARTY

Sort Code NO INJURY AND THIRD PARTY

#### INCIDENT DETAILS

Date of Incident 30/09/2021

Time of Incident 00:00

Location of incident

NO INJURY AND THIRD PARTY - does not got to serious law, does ask for 3rd party

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

NO INJURY AND THIRD PARTY - does not got to serious law, does ask for 3rd party

#### CIRCUMSTANCES

NO INJURY AND THIRD PARTY - does not got to serious law, does ask for 3rd party

#### WITNESSES

No

N/A

#### INJURY

No

#### **INJURY DETAILS**

N/A

## THIRD PARTY DETAILS

NO INJURY AND THIRD PARTY - does not got to serious law, does ask for 3rd party

## 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

EBIKEWITHLOCK EBIKEWITHLOCK | Insured Value: £2756 | 2nd Hand | Electric Fixed Accessories | Insured Value: £400

Does your claim relate to a damaged carbon frame or wheelset? No

Bicycle damage details

NO INJURY AND THIRD PARTY - does not got to serious law, does ask for 3rd party

# **ADDITIONAL INFORMATION**

Account Holder

No

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 $\ensuremath{\mathrm{N/A}}$
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

# **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 electrically 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.