# YellowJersey THEFT REPORT FORM

#### **ABOUT YOU**

Name Mr Steve Lambillion

Email stephenlambillion@planinsurance.co.uk

Date of Birth 05/05/2005

Policy Number YJAL365E012835

Policy Type Essential
Policy Start Date 20/12/2024

Mobile Number 0700000070

Plan Insurance Brokers

Address Orion House

854 Brighton Road

Purley

Postcode CR8 2BH

Account Holder «account-holder»

Account Number

Sort Code

# **CLAIM DETAILS**

aaa bbb | Insured Value: £1500 | Bought New

Items insured by Yellow Jersey stolen in the incident Bike

Approximate replacement value of stolen items 1500

#### CIRCUMSTANCES

Please describe the circumstances of the theft TEST please ignore

#### THEFT DETAILS

Location:

TEST please ignore

Who was responsible for the bicycle? TEST

How long was the bicycle left unattended? TEST

Time and date bike was last seen by you 21/05/2025 12:00

Time and date theft was discovered 21/05/2025 13:00

## WITNESS

Were there any witnesses to the theft?

Witness details if available

# **POLICE DETAILS**

Name and address of Police Station theft was reported to TEST

Police Station contact number 010000000000

Did the police attend the scene?

Was the theft reported to the police immediately? Yes

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

## **SECURITY**

Please detail how the bicycle was secured when it was stolen TEST

If the bicycle was secured with a bicycle lock, please detail the lock make and model  $\ensuremath{\mathsf{TEST}}$ 

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?

TEST

If a bicycle lock was not required at the time of the theft, please state the alternate security methods? 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  $\ensuremath{\mathrm{N/A}}$ 

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

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.