

# 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	07000000070
Address	Plan Insurance Brokers Orion House 854 Brighton Road Purley
Postcode	CR8 2BH
Account Holder	«account-holder»
Account Number	01010101
Sort Code	99-99-99

### CLAIM DETAILS

aaa bbb | Insured Value: £1500 | Bought New

Items insured by Yellow Jersey stolen in the incident  
TEST please ignore

Approximate replacement value of stolen items  
1234

### CIRCUMSTANCES

Please describe the circumstances of the theft  
TEST please ignore

### THEFT DETAILS

Location:  
TEST please ignore

Who was responsible for the bicycle?  
TEST please ignore

How long was the bicycle left unattended?  
TEST please ignore

Time and date bike was last seen by you  
22/05/2025 12:00

Time and date theft was discovered  
22/05/2025 13:00

## **WITNESS**

Were there any witnesses to the theft?

No

Witness details if available

## **POLICE DETAILS**

Name and address of Police Station theft was reported to

TEST please ignore

Police Station contact number

TEST please ignore

Crime incident number

TEST please ignore

Did the police attend the scene?

No

Was the theft reported to the police immediately?

No

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

TEST please ignore

## **SECURITY**

Please detail how the bicycle was secured when it was stolen

TEST please ignore

If the bicycle was secured with a bicycle lock, please detail the lock make and model

TEST please ignore

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 please ignore

If a bicycle lock was not required at the time of the theft, please state the alternate security methods?

TEST please ignore

## 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

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.