

YellowJersey

ACCIDENT CLAIMS FORM

ABOUT YOU

Name	Mr Testfourteen Testfourteen
Email	yellow.jersey.insurance+retapfourteen@gmail.com
Date of Birth	04/03/1983
Policy Number	YJTW365P002105
Policy Start Date	24/04/2018
Mobile Number	07700123456
Address	G G Global Ltd 16 Holt Vale Leeds
Postcode	LS16 7PL

INCIDENT DETAILS

Date of Incident
19/12/2017

Time of Incident
06:00

Location of incident
Somewhere near Redhill

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

CIRCUMSTANCES

I used my bicycle as a javelin to teach a motorist a lesson about respect. It looks completely fine, but my LBS has told me it is probably full of invisible cracks and could disintegrate at any moment, probably while going down a really steep hill. It is therefore written off and I would like a replacement please.

WITNESSES

Yes

THIRD PARTY DETAILS

The motorist. I didn't wait around to get his details.

Was the incident reported to the police?
Yes

ITEMS CLAIMED FOR

ddd

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

No

Previous Insurer

Expiry Date

Details of any bicycle or cycling related claims in the past 3 years

Do you have any criminal convictions which you are required to disclose to us?

No

Have you ever had a policy canceled or void by another insurer?

No

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

No

If relevant, please provide further details for the above answers

Witness Details: Passers by filmed me on their phones.

Are any bikes carbon? True

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.