

# YellowJersey

## ACCIDENT CLAIMS FORM

### ABOUT YOU

Name	Mr Test1 Test1
Email	test1@test1.com
Date of Birth	01/01/1986
Policy Number	YJTW365E001883
Policy Start Date	14/05/2018
Mobile Number	07700123456
Address	Brook Cottage Ffawyddog Crickhowell
Postcode	NP8 1PY

### INCIDENT DETAILS

**Date of Incident**  
03/06/2017

**Time of Incident**  
02:00

**Location of incident**  
Hello Nicola!

**Who was using the bicycle at the time of the incident?**  
I'll try not to

### CIRCUMSTANCES

Fill the support box up

### WITNESSES

Yes

### THIRD PARTY DETAILS

Different accident or theft form

**Was the incident reported to the police?**  
No

## 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: With too many

Are any bikes carbon? True

Bicycle Components: Submissions

**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.