

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

01/01/2017

Time of Incident

12:00

Location of incident

1 Please describe where the incident took place:Please describe where the incident took place:

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

2 Who was in charge of the bicycle?

CIRCUMSTANCES

3 Please describe in full detail, the circumstances in which the incident occurred:

WITNESSES

Yes

THIRD PARTY DETAILS

5 Please supply the name, address and telephone number of any third party involved to the incident. For example, the driver of the car that hit you.

Was the incident reported to the police?

Yes

ITEMS CLAIMED FOR

ddd

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

Yes

Previous Insurer

11 Previous insurers name:

Expiry Date

010101

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

12 Please provide details of any bicycle or cycling related claims made in the past three years:

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

Yes

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

Yes

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

Yes

If relevant, please provide further details for the above answers

Witness Details: 4 Please supply the name, address and telephone number of any witness to the incident:

Police Details: 6 Police details (Officer Number):

Police Station Details: 7 Name and address of the police station the incident was reported to:

Police Station Contact Number: 8 Police station contact number:

Police Station Reference Number: 9 Reference Number:

Are any bikes carbon? True

Bicycle Components: 10 If you know which components of your bike are damaged or need replacing, list them here along with an indication of their replacement value:

Criminal Conviction Details: 13 Details of criminal convictions:

Policy Cancelled Details: 14 Details of cancelled policy:

Policy Refused Details: 15 Details of refused renewal:

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.