

YellowJersey

ACCIDENT CLAIMS FORM

ABOUT YOU

Name	Mr Bugs Bunny
Email	matt@yellowjersey.co.uk
Date of Birth	13/07/1990
Policy Number	YJTW365E001885
Policy Start Date	15/05/2018
Mobile Number	0
Address	Waterside Basin Road Worcester
Postcode	WR5 3DA

INCIDENT DETAILS

Date of Incident
08/07/2017

Time of Incident
09:00

Location of incident
A

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

CIRCUMSTANCES
A

WITNESSES
No

THIRD PARTY DETAILS
No

Was the incident reported to the police?
No

ITEMS CLAIMED FOR

A

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

Bicycle Components: 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 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.