

YellowJersey

RACE FEE CANCELLATION CLAIMS FORM

ABOUT YOU

Name	Mr Matthew Rushton
Email	test123@gmail.com
Date of Birth	04/01/1963
Policy Number	YJTW365E001922
Policy Start Date	01/05/2018
Mobile Number	0
Address	38 Gymkhana Way Heacham King's Lynn
Postcode	PE31 7ST

EVENT DETAILS

Name of event
event

Event date
01/01/18

Date you paid the entry fee
01/01//85

Cost of event entry
650

Total you are claiming for
500

Is a full or partial refund available from the event organisers?
Yes

Event refund terms and conditions:
Tems and conditions:jkfdjsklfjdk

CIRCUMSTANCES

What were the circumstances which prevented you from entering the event?
Circumstances

Medical details in relation to the claim
I saw my doctor.

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

Consultation Date: 16/11/2017

Police Details: Yes

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.