

# YellowJersey

## ACCIDENT 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

### INCIDENT DETAILS

**Date of Incident**  
01/01/2017

**Time of Incident**  
09:00

**Location of incident**  
Question regarding where the incident took place

**Who was using the bicycle at the time of the incident?**  
Question regarding who was in charge of the bicycle

**CIRCUMSTANCES**  
Question regarding the circumstances of what whappened

**WITNESSES**  
Yes

**THIRD PARTY DETAILS**  
Question regarding third party details

**Was the incident reported to the police?**  
Yes

# ITEMS CLAIMED FOR

Bianchi Impulso

## 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: Question regarding witnesses

Police Details: Details of the police officer

Police Station Details: Question regarding police stations and reporting

Police Station Contact Number: contact number police

Police Station Reference Number: crime reference number

Are any bikes carbon? True

Bicycle Components: Question regarding which components are being claimed for.

**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 electrically 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.