

YellowJersey

ACCIDENT CLAIMS FORM

ABOUT YOU

Name	Dr David Morley
Email	testies@testingplc.co.uk
Date of Birth	09/04/1967
Policy Number	YJTW365U002462
Policy Start Date	01/05/2018
Mobile Number	0
Address	56 Sutherland Avenue Leeds
Postcode	LS8 1BZ

INCIDENT DETAILS

Date of Incident

10/03/2017

Time of Incident

07:00

Location of incident

Description of where the incident took place

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

I was in charge of the bicycle

CIRCUMSTANCES

I was riding on my bike, then I fell off my bike. And heaven know I'm miserable now.

WITNESSES

No

THIRD PARTY DETAILS

No

Was the incident reported to the police?

No

ITEMS CLAIMED FOR

Scott Plasma Premium TT | Insured Value: £10000

Fixed Accessories | Insured Value: £250

Wheelsets | Insured Value: £900

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

Yes

Previous Insurer

Bikesure+

Expiry Date

01/02/19

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

No previous claims

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

Are any bikes carbon? True

Bicycle Components: The main bikey bit, the round bits, the squeeze lever bits.

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.