

YellowJersey

ACCIDENT CLAIMS FORM

ABOUT YOU

Name	Mr Bryan Brown
Email	leedhamwilliam+performancecustomer@gmail.com
Date of Birth	12/06/1955
Policy Number	YJTW005P001723
Policy Start Date	11/05/2018
Mobile Number	0
Address	62 Gilpin Avenue London
Postcode	SW14 8QY

INCIDENT DETAILS

Date of Incident

01/01/2018

Time of Incident

03:00

Location of incident

The incident took place somewhere in the Ashdown Forest

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

I was riding the bike

CIRCUMSTANCES

I was riding my bike in the Ashdown forest when I was mauled by a small yellow bear. It stole my energy gels and chewed my tires.

WITNESSES

Yes

THIRD PARTY DETAILS

No

Was the incident reported to the police?

Yes

ITEMS CLAIMED FOR

Cannondale Synapse | Insured Value: £2500

Fixed Accessories | Insured Value: £250

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

Yes

Previous Insurer

PedalPlanPlus

Expiry Date

01/01/17

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?

Yes

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: Small boy with fishing rod. No address

Police Details: PC93843674

Police Station Details: 67 Altima Court, 33 East Dulwich Road

Police Station Contact Number: 07700123456

Police Station Reference Number: fj8fjmdj

Are any bikes carbon? True

Bicycle Components: The bike looks fine, but as it is carbon I have been advised that it is now unsafe to ride and therefore written off.

Policy Cancelled Details: I purchased a car insurance policy for a company car, but later found out this was not valid.

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.