

# YellowJersey

## ACCIDENT CLAIM FORM

### ABOUT YOU

Name	Mr Jai Patel
Email	yellow.jersey.insurance+performanceadclaim@gmail.com
Date of Birth	01/01/1987
Policy Number	YJTW365P002324
Policy Start Date	14/05/2018
Mobile Number	0
Address	50 Burydale Stevenage
Postcode	SG2 8AU

### INCIDENT DETAILS

Date of Incident  
01/01/2017

Time of Incident  
01:00

Location of incident  
Where the incident took place

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

### CIRCUMSTANCES

All of the circumstances here

### WITNESSES

Yes

details of witnesses

### THIRD PARTY DETAILS

details of third parties

## WAS THE INCIDENT REPORTED

Yes

Police details (Officer Number)

fsdfsdf312312

Police station details

police station address,

police station address,

police station address,

police station address

Police station contact number

07700123455667

Reference number

9 Reference Number:

## ITEMS CLAIMED FOR

Orbea Onix | Insured Value: £2500

Helmet and Clothing | Insured Value: £250

Does your claim relate to a damaged carbon frame or wheelset?

Yes

Bicycle damage details

Nope, don't know the values

## ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?

No

Previous insurer

N/A

Expiry date

N/A

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

N/A

Do you have any criminal convictions which you are required to disclose to us?

Yes

Here are all of my criminal convictions

Have you ever had a policy canceled or void by another insurer?

No

N/A

Have you ever had your insurance renewal refused, or special terms imposed?

Yes

renewal refused for tres reason

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.