

# YellowJersey

## ACCIDENT CLAIM FORM

### ABOUT YOU

Name	Mr Pifthree Pifthree
Email	yellow.jersey.insurance+pif3@gmail.com
Date of Birth	18/03/1984
Policy Number	YJTW365U005511
Policy Cover	Ultimate
Policy Start Date	22/07/2019
Mobile Number	07700123456
Address	8 Old Court Road Guildford
Postcode	GU2 7UF

### INCIDENT DETAILS

Date of Incident  
23/07/2019

Time of Incident  
08:00

Location of incident  
Testing updates to claims auto emails.

Who was using the bicycle at the time of the incident?  
Testing updates to claims auto emails.

### CIRCUMSTANCES

Testing updates to claims auto emails.

### WITNESSES

Yes

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## **INJURY**

Yes

## **INJURY DETAILS**

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## **THIRD PARTY DETAILS**

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## **WAS THE INCIDENT REPORTED**

Yes

Police details (Officer Number)

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Police station details

Testing updates to claims auto emails.

Police station contact number

Testing updates to claims auto emails.

Reference number

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## **ITEMS CLAIMED FOR**

13 | Insured Value: £3000

Fixed Accessories | Insured Value: £500

Wheelsets | Insured Value: £500

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

Yes

Bicycle damage details

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## **ADDITIONAL INFORMATION**

Have you ever insured your bicycles with another insurer?

Yes

Previous insurer

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Expiry date

01/01/19

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

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

No

N/A

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?

No

N/A

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.