# YellowJersey RACE FEE CANCELLATION 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

#### **EVENT DETAILS**

Name of event

Testing updated claim emails

Event date

Testing updated claim emails

Date you paid the entry fee Testing updated claim emails

Cost of event entry

Testing updated claim emails

Total you are claiming for Testing updated claim emails

Is a full or partial refund available from the event organisers? Yes

Event refund terms and conditions Testing updated claim emails

# CIRCUMSTANCES

What were the circumstances which prevented you from entering the event? Testing updated claim emails

Medical details in relation to the claim  $\ensuremath{\mathrm{N/A}}$ 

Consultation date N/A

Confirm whether the consultant advised you not to attend the event? No

## **ADDITIONAL INFORMATION**

Have you ever insured your bicycles with another ins	urer?
No	
Previous insurer	
N/A	

Expiry date

N/Ā

Details of any bicycle or cycling related claims in the past 3 years  $\ensuremath{\mathrm{N/A}}$ 

Do you have any criminal convictions which you are required to disclose to us? No

N/A

Have you ever had a policy cancelled 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 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.