

YellowJersey

THEFT REPORT FORM

ABOUT YOU

Name	Mr Tom Mcmorrin
Email	tom@yellowjersey.co.uk
Date of Birth	22/07/1989
Policy Number	YJTW365U004194
Policy Type	Ultimate
Policy Start Date	21/11/2018
Mobile Number	0
Address	50 Bodmin Street London
Postcode	SW18 4PT

CLAIM DETAILS

Specialised Langster | Insured Value: £800
Helmet and Clothing | Insured Value: £500

Items insured by Yellow Jersey stolen in the incident
test

Approximate replacement value of stolen items
500

CIRCUMSTANCES

Please describe the circumstances of the theft
test

THEFT DETAILS

Location:
test

Who was responsible for the bicycle?
test

How long was the bicycle left unattended?
test

Time and date bike was last seen by you
01/05/2018 02:00

Time and date theft was discovered
17/02/2019 15:00

WITNESS

Were there any witnesses to the theft?

No

Witness details if available

POLICE DETAILS

Name and address of Police Station theft was reported to
test

Police Station contact number
test

Crime incident number
test

Did the police attend the scene?
No

Was the theft reported to the police immediately?
Yes

If the theft wasn't reported to the police immediately, what was the reason for the delay?

SECURITY

Please detail how the bicycle was secured when it was stolen
test

If the bicycle was secured with a bicycle lock, please detail the lock make and model
test

If the bicycle was stolen from a vehicle, how was access gained to the vehicle, and which security devices were fitted and in operation at the time?
test

If a bicycle lock was not required at the time of the theft, please state the alternate security methods?
test

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?

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.