

# YellowJersey

## ACCIDENT CLAIM FORM

### ABOUT YOU

Name	Miss Lucy Rosen
Email	yellow.jersey.insurance+355663@gmail.com
Date of Birth	18/12/1991
Policy Number	YJTW365E002173
Policy Cover	Essential
Policy Start Date	13/10/2019
Mobile Number	0
Address	Flat 63 216 Kennington Road London
Postcode	SE11 6HR

### INCIDENT DETAILS

Date of Incident  
02/10/2018

Time of Incident  
20:00

Location of incident  
Testing add form Current Customer  
PlanIT Number 355663  
TAM Reference ROSELU1  
Miss Lucy Rosen

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

### CIRCUMSTANCES

Testing add form Current Customer  
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### WITNESSES

Yes

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## **INJURY**

No

## **INJURY DETAILS**

N/A

## **THIRD PARTY DETAILS**

No

## **WAS THE INCIDENT REPORTED**

Yes

Police details (Officer Number)

Mr Police Man

Police station details

Testing add form Current Customer

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Miss Lucy Rosen

Police station contact number

07700123456

Reference number

123456

## **ITEMS CLAIMED FOR**

Specialised Sirrus | Insured Value: £725

Fixed Accessories | Insured Value: £250

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?

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.