

# YellowJersey

## ACCIDENT CLAIM FORM

### ABOUT YOU

Name	Mr Tom McMorrin
Email	tom@yellowjersey.co.uk
Date of Birth	11/03/1982
Policy Number	CY0545
Policy Cover	Ultimate
Policy Start Date	11/05/2016
Mobile Number	0711111111
Address	Loqate Waterside Basin Road Worcester
Postcode	TN3 9JR

### INCIDENT DETAILS

Date of Incident  
01/08/2019

Time of Incident  
00:00

Location of incident  
The accident black spot

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

### CIRCUMSTANCES

I was drunkenly steering my bicycle along a path

### WITNESSES

No

None

## **INJURY**

Yes

## **INJURY DETAILS**

broken leg

## **THIRD PARTY DETAILS**

none

## **WAS THE INCIDENT REPORTED**

Yes

Police details (Officer Number)

Mr Robert Peel 0001

Police station details

1 Police Row

Police station contact number

00000001

Reference number

CRASh00005

## **ITEMS CLAIMED FOR**

TRek BMX | Insured Value: £1000

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

No

Bicycle damage details

The bike got broken

## **ADDITIONAL INFORMATION**

Have you ever insured your bicycles with another insurer?

No

Previous insurer

Expiry date

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

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

No

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

No

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

No

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.