



Accident Claims Form

We cannot commence dealing with a claim until we are in receipt of ALL the necessary documentation.

ABOUT YOU

Fields marked with an * are required

Full Name including title *

Inderjit Singh Dhillon

Email *

singhinderjit@seasiainfotech.com

Date Of Birth *

10/21/1993

Booking Ref *

241

Address *

Seasia Infotech, C-136, Sector 73

Phase 8, Industrial Area Mohali, Sahibzada Ajit Singh Nagar

Postcode *

160071

Mobile Number *

09878043040

INCIDENT DETAILS

Date of Incident *

5/4/2018

Time of Incident *

12:00AM

Who Was In Charge of Bicycle *

sd

Please describe where the incident took place *

ssss

CIRCUMSTANCES

Please describe in as much detail as possible the circumstances in which the incident occurred *

{circumstances}

WITNESSES

If relevant please supply the name, address and telephone number of any witnesses to the incident

ss

THIRD PARTY DETAILS

If relevant, please supply the name address and telephone number of any third party involved in the incident (e.g. the driver of a car who hit you)

ss

Was the incident reported to the police? *

No

ITEMS CLAIMED FOR

If you know which components of your bike are damaged or need replacing, list them here along with an indication of their replacement value

{itemclaims}

ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer? *

No

Previous Insurer Name

Expiry Date

Please provide details of any bicycle or cycling related claims made in the past three years

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

No

Have you ever had a policy cancelled or void by an insurer? *

No

Have you ever been refused renewal or had special terms imposed? *

{refused}

If you answered yes to any of the above questions, please provide details here

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 BiblioVélo 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.

Please Tick The Box To Show You Have Read And Agreed To The Above Declaration

☐ Yes

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