

## Theft Report 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 *	Email *
<input type="text" value="Inderjit Singh Dhillon"/>	<input type="text" value="singhinderjit@seasiainfotech.com"/>
Date Of Birth *	Booking Ref *
<input type="text" value="10-21-1993"/>	<input type="text" value="228"/>
Address *	
<input type="text" value="Seasia Infotech, C-136, Sector 73&lt;br/&gt;Phase 8, Industrial Area Mohali, Sahibzada Ajit Singh Nagar"/>	
Postcode *	Mobile Number *
<input type="text" value="160071"/>	<input type="text" value="09878043040"/>

### CLAIM DETAILS

Please list all rental items and/or parts that were stolen... *
<input type="text" value="wewe"/>
Approximate total value of stolen items *
<input type="text" value="£ 1212"/>

### CIRCUMSTANCES

Please describe in as much detail as possible the circumstances in which the theft took place. Please include the location of the bicycle at the time of the theft, as well as how entry/ access was gained *
<input type="text" value="wewe"/>

### THEFT DETAILS

Who was responsible for the bicycle? *	How long was the bicycle left unattended? *
<input type="text" value="sdsd"/>	<input type="text" value="fdf"/>
Time and date the bicycle was last seen by you *	Time and date theft was discovered *
<input type="text" value="12/21/2017 12:00:00 PM"/>	<input type="text" value="12/21/2017 12:00:00 PM"/>
Were there any witness to the theft? *	
No	
If yes, please provide details of witnesses	
<input type="text"/>	

### POLICE DETAILS

Police station contact number	Crime incident number
<input type="text" value="09878043040"/>	<input type="text" value="1128"/>
Did the police attend the scene?	
No	
Was the incident reported to the police immediately?	
No	
If the theft was not reported immediately to the police, what was the reason for the delay?	
<input type="text"/>	

### SECURITY

Please detail how the bicycle was secured when it was stolen
<input type="text"/>
If the bicycle was secured with a bicycle lock, please detail the lock make and model
<input type="text"/>
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?
<input type="text"/>
If a bicycle lock was not required at the time of the theft, please state the alternative security methods?
<input type="text"/>

### ADDITIONAL INFORMATION

Have you ever insured your bicycles with another insurer?*	
No	
Previous Insurer Name	Expiry Date
<input type="text"/>	<input type="text"/>
Please provide details of any bicycle or cycling related claims made in the past three years	
<input type="text"/>	
Do you have any criminal convictions which you are required to disclose under the rehabilitation of offenders act at the date of your original insurance application?*	
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?*	
No	
If you answered yes to any of the above questions, please provide details here	
<input type="text"/>	

### 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