

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 *	Email *
Inderjit Singh Dhillon	singhinderjit@seasiainfotech.com
Date Of Birth *	Booking Ref *
10/21/1993	241
Address *	

		₹
Postcode *	Mobile Number *	
160071	09878043040	

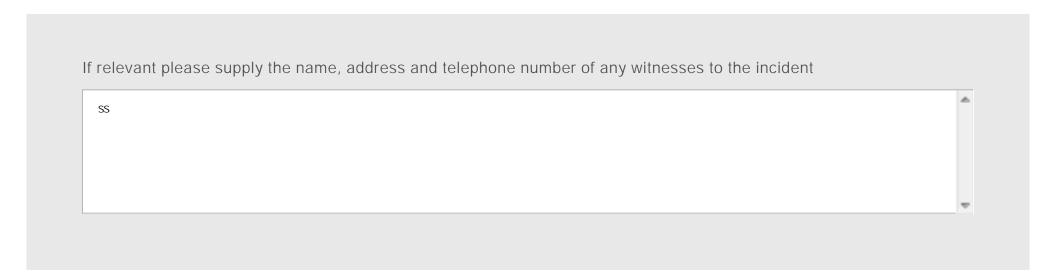
INCIDENT DETAILS

	Date of Incident *	Time of Incident *	Who Was In Charge of Bicycle	*
	5/4/2018	12:00AM	sd	
Please	e describe where the incident to	ook place *		
ssss	e describe where the incident to	ook place *		
	e describe where the incident to	ook place *		4

CIRCUMSTANCES

{circumstances}	

WITNESSES



THIRD PARTY DETAILS

SS			^
			▼
Was the incident rep	ported to the police? *		
lo			

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}	۵
	₩

ADDITIONAL INFORMATION

No	
Previous Insurer Name	Expiry Date
Please provide details of any bicycle or	/cling related claims made in the past three years
Please provide details of any bicycle or	cling related claims made in the past three years

Do you have any criminal convictions which you are required to disclose? $\ensuremath{^{\star}}$

No

Have you ever had	a policy cancelled	or void by arrillst	arcr;			
No						
Have you ever bee	n refused renewal o	or had special ter	rms			
·						
(refused)						
	yes to any of the	above question	ns, please pro	vide details he	ere	
	yes to any of the	above question	ns, please pro	vide details he	ere	۵
	yes to any of the	above question	ns, please pro	vide details he	ere	۵
	yes to any of the	above question	ns, please pro	vide details he	ere	۵
	yes to any of the	above question	ns, please pro	vide details he	ere	۵

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

ь Yes

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