



## Cycle Liability Claim Guidance Notes

In the unfortunate event of a claim, we will do everything possible to deal with your claim promptly.

In respect of claims made against you by any third party, for damage to their property caused by you and in respect of personal accident claims, JLT | Online will be responsible for handling the claim with the authority of your insurers. JLT | Online will deal with all aspects of the assessment and processing of the claim and we will be acting, at all times, on the insurers behalf.

In respect of claims made against you by any third party, for injury caused by you, JLT | Online will be responsible for advising your insurers of your claim and dealing with some aspects of the administration of your claim. JLT | Online will be acting at all times with the authority of and on behalf of your insurers. Your insurers will be responsible for the handling of your claim.

Please complete and return this claim form to us, together with any supporting documentation as appropriate, correspondence or documentation you have received from any third party.

You should not enter into any correspondence with any third party but forward all documentation you receive from them to us, or your insurers, unanswered. You should not enter into any negotiations, admit or deny any claim, pay or settle any claim without our, or your insurers, written authority. We will contact you within 3 working days of receipt of your completed claim form and attachments with a view to progressing the administration of your claim as quickly as possible and to acknowledge receipt.

Please note we cannot commence dealing with a claim until we are in receipt of ALL the necessary documentation. This claim form should be returned to us **within 30 days** of issue together with the appropriate documentation outlined in the following notes, otherwise your file **will be closed**.

In order for your claim to be dealt with swiftly it is of great assistance if you can provide as much detail and supporting evidence as possible in support of the claim. Failure to provide the required information or documentation will inevitably result in delay to settlement. Please therefore ensure you have included all details before submitting the claim.

Dependent upon the circumstances of the loss we, or your insurers, reserve the right to request additional documentation or information to that detailed here, as required to verify your claim.

**Please note the information contained in this document is for guidance only and does not indicate acceptance of your claim. The contents do not form part of your contract of insurance.**

### Contact details

Claims hotline: 02476 851050  
Claims fax: 02476 851055  
Claims email: claims@jltonline.co.uk

### Address

JLT | Online Claims Department  
Pavilion House  
Mercia Business Village  
Westwood Business Park  
Coventry  
CV4 8HX

Claims department opening hours: 9.00am to 5.30pm (Monday to Friday)

#### Important notice for customers who pay by Direct Debit:

Do not cancel your direct debit. Not paying your premium could affect your claim and future cover.

## what we need you to send us

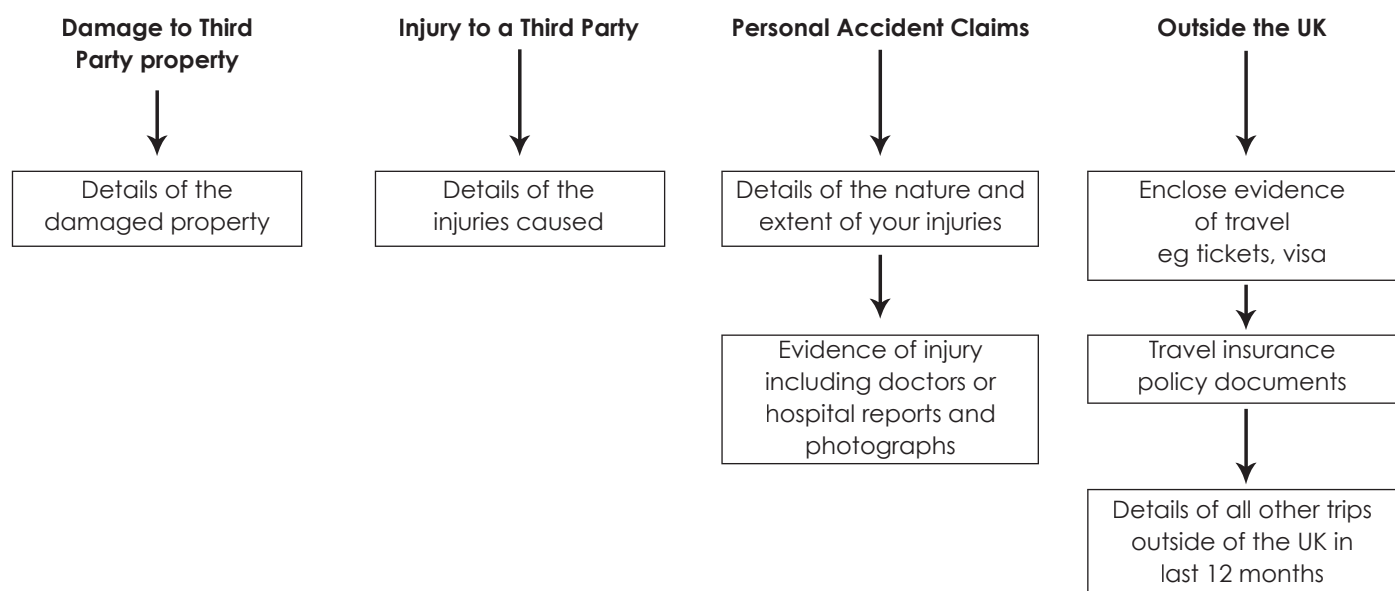
**Basic information** we require for all claims.

We will also require additional information detailed below dependant on the type of claim.

- The completed claim form
- All correspondence from the third party and their representatives, forwarded unanswered.
- Details of any witnesses to the incident
- Details of the third party involved in the incident
- Details of the Police or any other authorities the incident was reported to.
- Details of previous claims/ incidents
- Details of previous insurers
- Please provide copies of proof of ID e.g. passport, driving licence
- Please provide copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out

## In addition - where applicable

For



# cycle Liability Claim Form

**Office use only**

Policy no \_\_\_\_\_

Claim ref \_\_\_\_\_

Issue date \_\_\_\_\_

PLEASE READ THE GUIDANCE NOTES PROVIDED BEFORE COMPLETING THIS CLAIM FORM

## Section 1 - Your details

**Title:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Sex:** Male / Female

**Occupation:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

\_\_\_\_\_

**Insured location (if different):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

\_\_\_\_\_

**Home telephone:** \_\_\_\_\_

**Work telephone:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fax number (if available):** \_\_\_\_\_

1. Have you made any cycle or liability related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years?  
Yes / No  
If yes please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you, or any member of your family, or any person living with you, ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs, or have prosecutions pending?  
Yes / No  
If yes please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If your claim is for an incident involving a vehicle, do you have a motor insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

**Policy number:** \_\_\_\_\_

**Name of insurers:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If your claim is for an incident overseas, do you have a travel insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

**Policy number:** \_\_\_\_\_

**Name of insurers:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If your claim is for an incident at your home/ premises, do you have a home/ premises insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

**Policy number:** \_\_\_\_\_

**Name of insurers:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you had previous insurance other than with JLT | Online for your cycle/liability cover?

Yes / No

If yes

**Policy number:** \_\_\_\_\_

**Name of insurers:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no

what prompted you to take out cover?

\_\_\_\_\_

\_\_\_\_\_



## Section 4 - Police information

20. Date & time the incident was reported to the police  
(if applicable):  
Time: \_\_\_\_\_ am/pm Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

21. Address of the police station where the incident was reported:  
**Name:** \_\_\_\_\_  
**Contact details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Telephone no: of the police station where the incident was reported:  
\_\_\_\_\_

23. Incident number given by the police:  
\_\_\_\_\_

24. Did the police attend the scene of the incident?  
Yes / No

25. If the police were not advised immediately the incident was discovered please confirm the reason for any delay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. If you were insured elsewhere prior to the commencement of your current policy please provide the name, policy number and contact details of your previous insurers:

**Name:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. If the incident occurred at a venue please give contact details of the Manager or anyone else at the venue that the incident was reported to:

**Name:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 5 - Details of your claim

28. Were you injured in the incident?  
Yes / No  
If yes please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Was your property damaged in the incident?  
Yes / No  
If yes please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 6 - Item details (complete if applicable)

Total value of the claim as estimated by you: £

Item	Make	Model	Colour	Serial number	Date of purchase (dd/mm/yy)	Place of purchase	Original purchase price £	Estimated replacement cost £
1								

Any other accessories

If you have any more items, or if you have any additional information which may be of assistance, please provide details overleaf

## Section 7 - Declaration

I/we declare that the information provided in this claim form is true to the best of my belief and knowledge. I/we have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim, or make any false declaration or statement, I/We shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on My/Our part may render Me/Us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonably required. I/We understand that you may seek information from other insurers to check answers that I/We have provided.

**Signed by the policyholder(s):**

**Dated:**

**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 return this form to: JLT | Online Claims Dept, Pavilion House, Mercia Business Village, Westwood Business Park, Coventry, CV4 8HX

