

THEFT/LOSS CLAIM GUIDANCE NOTES

Please note that in order to process your claim with optimum efficiency we will require receipt of the necessary documentation as outlined in the following pages.

The sooner we have the claim form and documentation needed the sooner we will be able to deal with your claim. If there are any circumstances that will cause delays please call us on **0333 004 1999** and we will endeavor to assist you in any way possible.

Please note that while we will make every effort to complete your claim in the shortest time possible delays in the return of any necessary documents requested may prolong the life cycle of your claim.

Dependent upon the circumstances of the claim the insurers may need to request additional documentation or information in order to process a claim.

Thistle Insurance Services Limited will be responsible for handling your claim with the authority of your insurers, and in respect of all aspects of the assessment and processing of your claim, we will be acting at all times on the insurers behalf.

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

Contact details

Claims telephone: **0333 004 1999**

Claims email: guardclaims@thistleinsurance.co.uk

Claims Department opening hours

Monday - Friday

9.00am - 5.00pm

Address

**Claims Department
Thistle Insurance Services Limited
Southgate House
Southgate Street
Gloucester
GL1 1UB**

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.

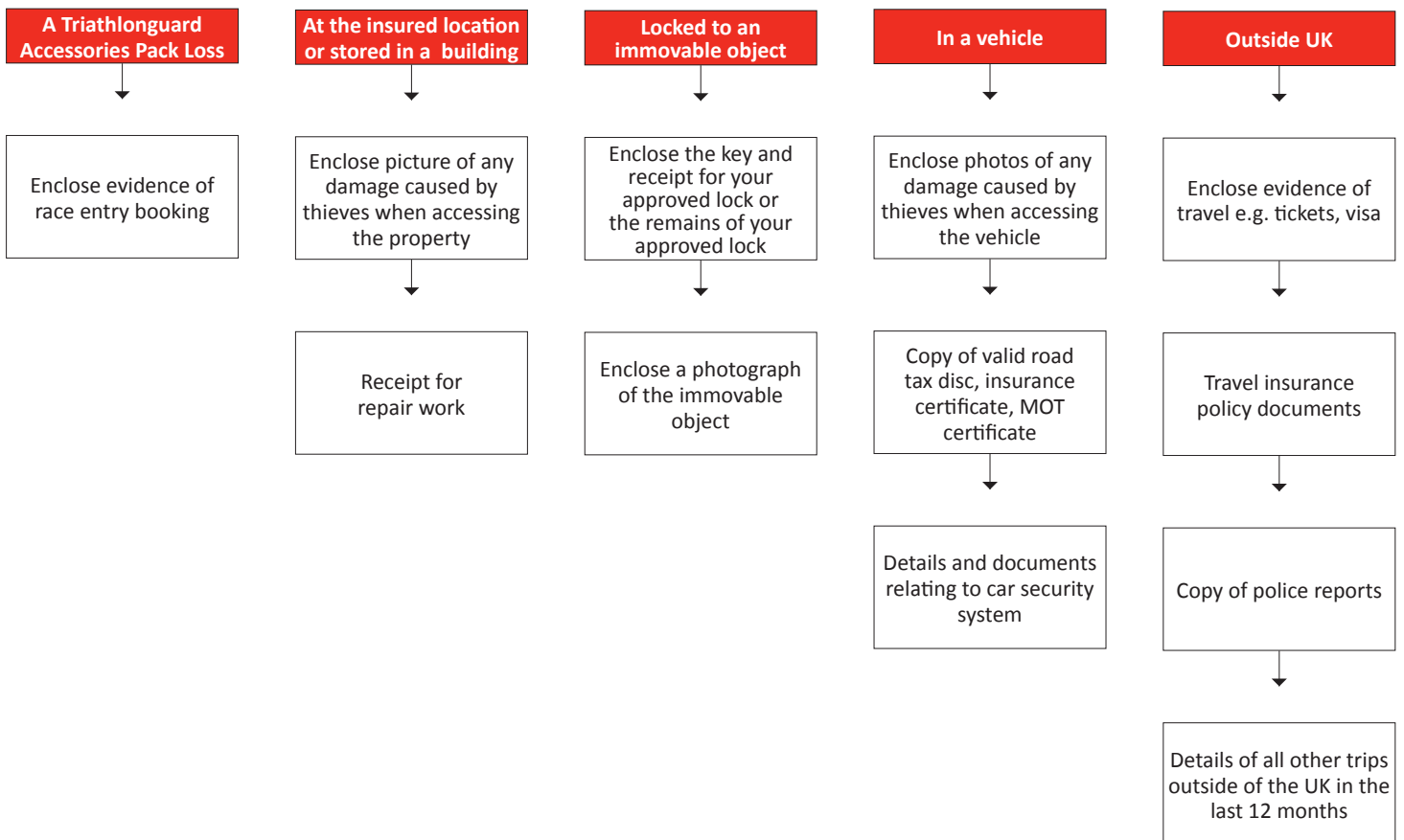
What you need to send us

For all theft & Accessories Pack Loss - make sure you have enclosed the following:

- Completed claim form
- Original purchase receipt for equipment or bank/ credit card statement showing purchase
- Details of previous insurers
- Details of previous claims/ incidents
- Details of household insurers
- Details of any witnesses
- Copies of proof of ID e.g. passport, driving licence
- Copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out
- All details from relevant section below

In addition - where applicable

Was the bike or item you are claiming for:



Office use only

Policy no _____
 Claim ref _____
 Issue date _____

THEFT/LOSS CLAIM FORM

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 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 ever been convicted of any offence involving dishonesty, fraud, arson, or have prosecutions pending?

Yes No

If 'Yes', please provide details

3. If your claim is for theft from 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 theft from 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 theft from 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 Thistle Insurance Services/Triathlonguard for your equipment?

Yes No

If 'Yes':

Policy number:

Name of insurers:

Expiry date:

Contact details:

If 'No':

What prompted you to take out cover?

Section 2 - Incident details

7. Please tick what your claim is for

Theft

Theft of parts

Loss - Triathlonguard Accessories Pack Only

Other (please specify):

8. Date of incident (dd/mm/yy):

9. The times between which the property was stolen:

from: am/pm to: am / pm

10. When was the property last seen by you?

Time: am / pm Date:

11. When was the theft/loss discovered?

Time: am / pm Date:

12. Where did the incident occur?

13. Who had access to the stolen property at the time of the incident?

14. State exactly how the incident occurred?

15. Where was the property stored and how was it secured at the time of the theft/loss?

Section 3 - Theft from insured location / other premises (complete if applicable)

16. How was access gained to the premises?

19. Was any part of the home/ the premises lent, let or sub - let

Yes No

If 'Yes', please give contact details for the landlord

Name

of landlord:

Contact details:

17. Was your home/the premises unfurnished or unoccupied at the time of the incident?

Yes No

If 'Yes', when was the home/ the premises last occupied?

20. Was the bike stored at its usual insured location?

Yes No

If 'No', where was the bike stored and why?

18. Is the home/ premises owned or managed by someone other than you?

Yes No

If 'Yes', please give provide details of the owner/Manager of the home/ premises

Name

of owner/

Manager:

Contact details:

Section 4 - Theft when locked to an immovable object (complete if applicable)

21. Where was the bike locked?

- Bike store/rack
Railing
Fence
Other (please specify):

22. Confirm the details of the lock(s) used to secure your bike:

- Make:
Model:
Cost:
Place of purchase:
Date of purchase:

23. How was access gained to your bike?

24. Was there any additional security protecting your bike at the time of the incident?

Yes No

If 'Yes', please provide details

25. If the bike was in a bike store / rack was anyone responsible for the store / rack?

Yes No

If 'Yes', please give contact details for the landlord

Name:
Contact details:

Section 5 - Theft from a vehicle (complete if applicable)

26. Please confirm the make, model and year of manufacture of the vehicle:

- Make:
Model:
Year:

27. How was access gained to the vehicle?

28. Were any security devices fitted and in operation at the time of the incident?

Yes No

If 'Yes', please provide details

Section 6 - Police information

29. Date and time the incident was reported to the police:

Time: am / pm Date

30. How was the incident reported?

- By phone
Online
In person

31. Address of the police station where the incident was reported:

32. Telephone number of the police station where the incident was reported:

33. Crime reference number given by the police:

34. Did the police attend the scene of the crime?

Yes No

35. If the police were not advised immediately when the incident was discovered, please confirm the reason for any delay:

Section 7 - Item details

Total value of the claim as estimated by you: £

Bike	Make	Model	Colour	Frame number	Date of purchase (dd/mm/yy)	Place of purchase	Original purchase price £	Estimated replacement cost £
1								
2								
3								

Any other accessories

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

Additional information

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: Claims Department, Thistle Insurance Services Limited, Southgate House, Southgate Street, Gloucester, GL1 1UB