

# CYCLE CLAIM FORM-Public Liability

## 1. YOUR DETAILS

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- NAME:
- POLICY NUMBER:
- CORRESPONDENCE ADDRESS:
- TELEPHONE NUMBER:
- E-MAIL ADDRESS:

## 2. CIRCUMSTANCES OF THE LOSS

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- TIME AND DATE OF INCIDENT:
- EXACT LOCATION OF INCIDENT:
- FULL CIRCUMSTANCES OF INCIDENT:
  
- NAME/ADDRESS OF OTHER PARTIES INVOLVED:
  
- DETAILS OF WITNESSES:
  
- DID THE POLICE ATTEND?      YES/NO
- IF YES PLEASE PROVIDE CONTACT DETAILS:

## 3. CLAIM DETAILS

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- FULL DESCRIPTION OF INJURIES/DAMAGE RESULTING FROM THE INCIDENT:
  
- AMOUNT CLAIMED (If known):

### **Data Protection Act**

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By signing this claim form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### **Declaration**

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I have answered all questions above and I declare that all the details given on this form are true and complete to the best of my knowledge.

Name:

Signature:

Date: