



Cycles insurance scheme

Claim form, check list and guidance notes

Guidance notes

To make a claim under your cycles insurance please complete this claim form and return it to us together with all of the documentation and any evidence which is required for you to prove your claim.

Please be aware that we cannot start to deal with your claim until we are in receipt of all the documents. Any costs associated with obtaining estimates must be met by you and will not form part of your claim.

We ask that you do not replace or repair your cycle or any of the damaged parts without our written authorisation or agreement.

Our address and contact details are:

Hiscox Claims
PO Box 420
Sittingbourne
Kent
ME10 1WB

Tel: 01206 773899
Fax: 0207 4486923
Email: property.claims@hiscox.com

Our normal hours of business are 9.00am to 5.30pm (Monday to Friday).

Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly.

If you have any questions or concerns about the terms of your policy or the decisions regarding the settlement of a claim, please contact our customer relations team in writing at:

Hiscox Customer Relations
The Hiscox Building
Peasholme Green
York YO1 7PR

or by telephone on 01904 681198

or by email at customer.relations@hiscox.com.

If you are dissatisfied with the final response from your broker or from Hiscox, you may have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.

Please note that you will have six months from the date of the final response regarding your complaint, to refer it to the Financial Ombudsman Service.

Claim form

1. Your details	Name	<input type="text"/>
	Policy number	<input type="text"/>
	Correspondence address	<input type="text"/>
	Telephone number	<input type="text"/>
	Email address	<input type="text"/>
2. Circumstances of the loss	Time and date of loss/damage	<input type="text"/>
	Exact location of loss/damage Including POST CODE	<input type="text"/>



Cycles insurance scheme

Claim form, check list and guidance notes

Cause of damage theft
accidental damage
malicious damage

Full circumstances of loss/damage

How and where was cycle locked and secured?

Details of lock used (please provide evidence and keys)

Police station and crime reference number (reported within 48hrs for all thefts)

Was the item damaged in a road accident? Yes No

If so, please provide a diagram of the road layout where the accident occurred indicating your position and that of any other party involved in the accident.

Please provide full details of any witnesses

Is there any other insurance covering the property concerned? Yes No

If so, give full details

3. Claim details

Total value of the claim as estimated by you £

Cycle make

Cycle model

Colour

Frame number

Purchase price

Date of purchase

Please provide original purchase receipt or other proof of ownership

In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below:

Payment to be made by: (please tick preference)

Direct transfer to the bank account below

Name and address of bank:

Post code:

Account name:

Account number:

Cycles insurance scheme

Claim form, check list and guidance notes

Sort code:

--	--	--	--	--	--

Cheque made payable to you

Data Protection Act

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

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

Check list

1. The completed and signed claim form.
2. A repair estimate, if the cycle has been damaged.
3. An estimate for the cost of replacement of the cycle if it has been stolen.
4. Original purchase receipt for the cycle or a copy of your bank/credit card statement detailing the purchase.
5. Photographs of the cycle and its damaged parts.
6. Proof of your identity, e.g. copy of your passport, driving licence etc.
7. Proof of your address, e.g. copy of a utility bill, bank/credit card statement (please blank out any account number or other identifying information).
8. A copy of the police report if the cycle was the subject of malicious damage.
9. Photographic evidence of damaged caused by thieves entering the Insured location in order to steal the cycle, plus a receipt or estimate for repairing the damage.
10. If the cycle was stolen away from the insured location and was locked to an immovable object you must send to us a photograph of the damaged lock or the lock key plus a receipt for your approved lock. You must also enclose a photograph of the immovable object to which the cycle was locked.
11. If the cycle was stolen from a vehicle you must provide photographic evidence of any damage caused by the thieves when entering the vehicle. You must also provide a copy of the valid road tax disc, insurance certificate and MOT certificate, together with details and documents relating to the vehicle security system.
12. If you were involved in a road traffic accident please supply a sketch diagram on the attached sheet.



Cycles insurance scheme

Claim form, check list and guidance notes

Sketch diagram (where appropriate)

Please provide a diagram of the road layout where the accident occurred indicating your position and that of any other party involved in the accident.

All sections of cover provided under this product are underwritten by Hiscox Underwriting Ltd on behalf of Hiscox Insurance Company Limited with the exception of Commercial Legal Protection and BusinessHR. Where these covers apply, Commercial Legal Protection is underwritten by Hiscox Underwriting Ltd on behalf of DAS Legal Expenses and BusinessHR is a service provided by BusinessHR.