



# Cycle insurance scheme

Public liability claim form and guidance notes

## Your details

Name

Policy number

Correspondence address

Postcode

Telephone no.

Email

## Circumstances of the incident

Date incident  Time of incident

Exact location of incident:

Full circumstances of incident:

Please provide details of any other parties involved:

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide details of any witnesses:

Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did the police attend? Yes  No

If Yes, please provide contact details:

## Claim details

Full description of injuries/damage resulting from the incident:



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### Locus sketch

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

Please do not make any admission of liability for injury or damage as this may prejudice our handling of the claim.

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

Name

Signature

Date

Please email the completed claim form to [hicliability@hiscox.com](mailto:hicliability@hiscox.com)