



## RACE ENTRY FEES 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 **0844 249 1906** 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: **0844 249 1906**  
Claims email: [guardclaims@thistleinsurance.co.uk](mailto: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.

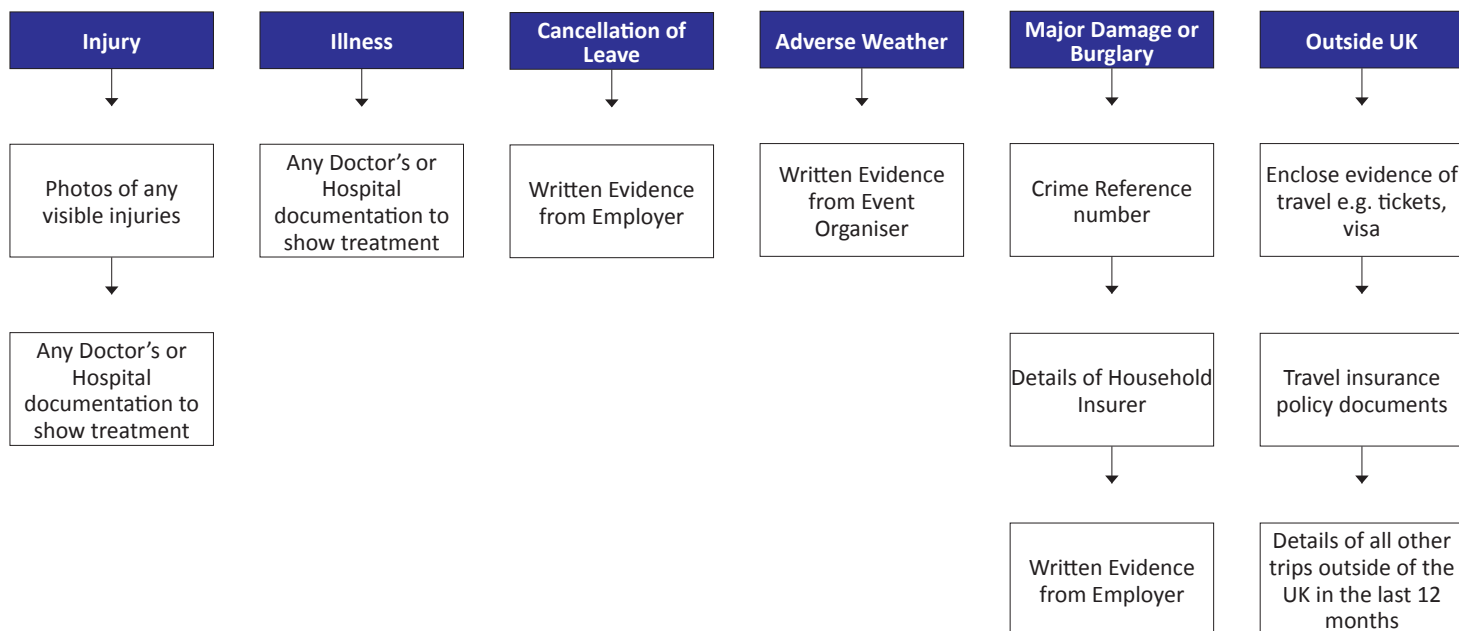
## What you need to send us

For all Race Entry Fees claims - make sure you have enclosed the following:

- Completed claim form
- Details of previous claims/ incidents
- Copies of proof of ID e.g. passport, driving license
- Evidence of your payment of Race Entry Fees
- Copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out

## In addition - where applicable

For:



**Office use only**

 Policy no \_\_\_\_\_  
 Claim ref \_\_\_\_\_  
 Issue date \_\_\_\_\_

**RACE ENTRY FEES 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. Have you had previous Cycle related insurance other than with Thistle Insurance Services / British Cycling Bike Insurance?

 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**

4. Date of incident (dd/mm/yyyy):

 \_\_\_\_\_

Time: \_\_\_\_\_ am / pm

5. Where did the incident occur?

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. State exactly what incident occurred?

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section 3 - Accident details (complete if applicable)

7. Was someone else responsible for the incident?

Yes  No

If yes please give contact details and explain why they were responsible

Name :

Contact details:

How were they responsible?

8. Were there any witnesses to the incident?

Yes  No

If 'Yes', please provide contact details:

Name :

Contact details:

9. Were you injured in the incident?

Yes  No

If 'Yes', please give details of your injuries

10. Has a Doctor examined you?

Yes  No

If 'Yes', please provide contact details:

Doctor :

Contact details:

11. When were you first examined by your doctor? (dd/mm/yyyy):

### Section 4 - Illness details (complete if applicable)

12. What illness are you suffering from?

13. Date you first experienced symptoms of the illness (dd/mm/yyyy):

14. Has a Doctor diagnosed your illness?

Yes  No

If 'Yes', please provide contact details:

Doctor :

Contact details:

15. When did your Doctor first diagnose your illness? (dd/mm/yyyy):

16. Have you suffered from the same or related illnesses prior to your current illness?

Yes  No

If 'Yes', please give details

## Section 5 - Claim details

Total value of the claim as estimated by you: £

Cycling Race or Event	Event Date	Entry Fees

## 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

## Additional information