

## LIABILITY CLAIM GUIDANCE NOTES

In the unfortunate event of a claim, we will do everything possible to deal with your claim promptly.

In respect of claims made against you by any third party, for damage to their property caused by you and in respect of personal accident claims, Thistle Insurance Services will handle the claim under your policy with the authority of your insurers.

In respect of claims made against you by any third party, for injury caused by you, Thistle Insurance Services will advise your insurers of your claim and deal with certain aspects of the claim administration. Thistle Insurance Services act at all times with the authority of and on behalf of your insurers.

Please complete and return this claim form to us with any supporting documentation, as appropriate, including correspondence or documentation you have received from any third party.

Please do not correspond with any third party. We ask that you forward all documentation from third parties to us, unanswered. It is imperative that you do not enter any negotiations, admit or deny any claim, pay or settle any claim without written authority from Thistle Insurance Services. We will contact you within 3 working days to acknowledge receipt of your completed claim form and attachments with a view to progressing the administration of your claim to its conclusion.

In order for your claim to be dealt with swiftly please provide as much detail and supporting evidence as possible in support of the claim. 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 affect the outcome of the claim. If there are any circumstances that will cause delays please call us on **0844 249 1905** and we will endeavor to assist in any way possible.

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

### Contact details

Claims telephone: **0844 249 1905**

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

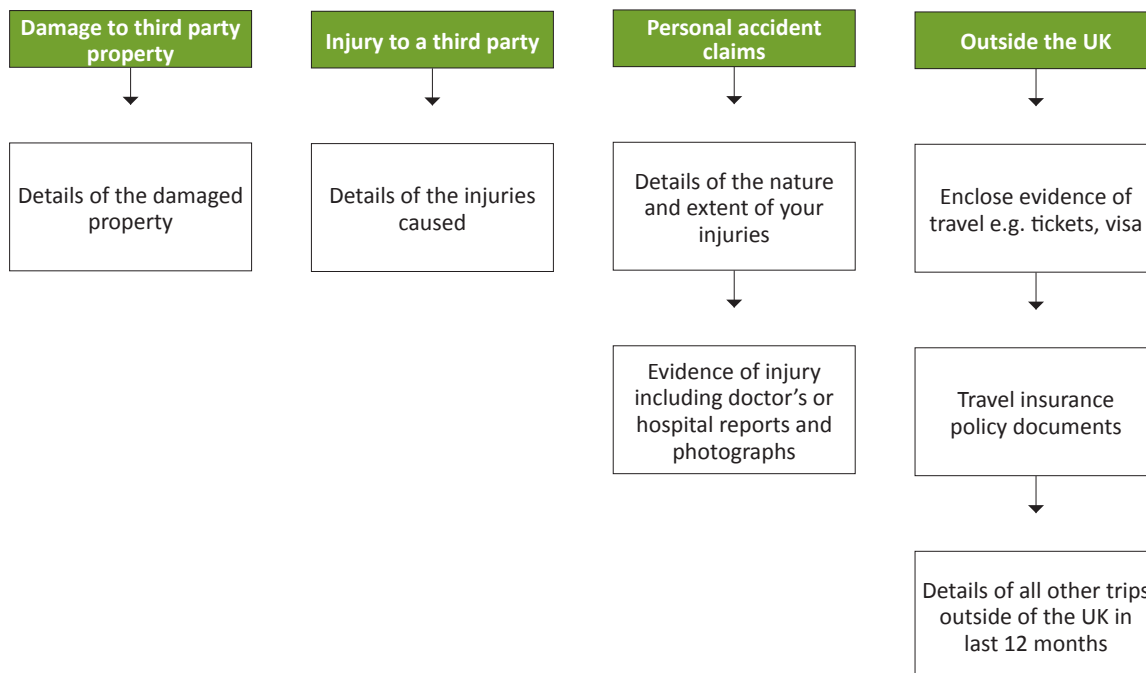
### Basic information we require for all claims.

### We will also require additional information detailed below dependant on the type of claim.

- Completed claim form
- All correspondence from the third party and their representatives, forwarded unanswered.
- Details of any witnesses
- Details of the Police or any other authorities the incident was reported to.
- Details of previous claims/ incidents
- Details of previous insurers
- 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

### In addition - where applicable

For:



**LIABILITY 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 or liability 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, or any member of your family, or any person living with you, ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs, or have prosecutions pending?

Yes  No

If 'Yes', please provide details

3. If your claim is for an incident involving 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 an incident 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 an incident at 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 for your cycle/liability cover?

Yes  No

If 'Yes':

Policy number:

Name of insurers:

Contact details:

If 'No':

What prompted you to take out cover?

## Section 2 - Incident details

7. Please tick which type of incident applies in this case:

Accidental injury

Accidental damage

Other (please specify):

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

9. Time of incident:

Time:  am / pm

10. Where did the incident occur?


11. State exactly how the incident occurred?


12. Were you responsible for causing the incident?

Yes  No

If 'Yes', please provide details of why you were responsible


13. Have you admitted liability to the other party?

Yes  No

14. 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?


15. Please provide details of any witnesses to the incident:


16. Was the bike damaged in a road accident?

Yes  No

If 'Yes', 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


## Section 3 - Third party details

17. Details of all other parties involved (use a separate sheet if necessary)

Name:

Contact details:


Postcode:

Telephone:

18. Provide details of any damage to the third party's property:


19. Provide details of any injuries to the third party:

## Section 4 - Police information

20. Date and time the incident was reported to the police:  
(if applicable)

Time:                      am / pm                      Date

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

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

23. Incident number given by the police:

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

Yes  No

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

26. If you were insured elsewhere prior to the commencement of your current policy, please provide the name, policy number and contact details of your previous insurers:

Name :

Policy number:

Contact details:

27. If the incident occurred at a venue please give contact details of the Manager or anyone else at the venue that the incident was reported to:

Name :

Contact details:

## Section 5 - Details of you claim

28. Were you injured in the incident?

Yes  No

If 'Yes', please provide details

29. Was your property damaged in the incident?

Yes  No

If 'Yes', please provide details

## Section 6 - Item details

Total value of the claim as estimated by you: £

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

Any other accessories

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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 si/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