Please complete this form and email this and any supporting documents to ClaimsService@cegagroup.com.

Rapha Racing Claim Form: Policy One

RCC Membership Number:	
Your Full Name:	
Date of Birth:	
Your Home Address:	
Nationality:	
Best Contact Telephone No:	Email Address:
Date & Time of Incident:	Where did the Incident occur:
Details of circumstances surrounding the Incident:	

Please tick which section(s) of the policy you wish to submit a claim.

- ○ Section 1 - Property (Please proceed to and complete all of Section 1 of the claim form on page 2, Bank Details section and Claimant Declaration).
  - Gadget
  - Bicycle Helmet
  - Bicycle Luggage
- ○ Section 2 - Personal Accident (Please proceed to and complete all of Section 2 of the claim form on the bottom of page 3, Bank Details section and Claimant Declaration).
  - Fractures
  - Dislocation
  - Permanent Facial Scarring
  - Emergency Dental Fees
  - Physiotherapy Fees
- ○ Section 3 - Travel Reimbursement (Please proceed to and complete all of Section 3 of the claim form on page 4, Bank Details section and Claimant Declaration)

Have you previously made any other insurance claims under your Rapha Racing policy? Y / N

If yes, please provide all details, including the date, circumstances of the claim and the claim reference number

Section 1 - Property (including Gadget, Bicycle Helmet and Bicycle Luggage)

Please complete the below section in full and provide the following information to support your claim along with the completed claim form.

- *Receipt / invoice for each of the damaged item(s) issued prior to the claim date (showing date and purchase price)*
- *Evidence of the damage caused to each of the item(s) claimed (e.g. Retailers report providing details of the damage and repair costs where applicable, photographs of damage)*
- *Receipt / invoice for the replacement item for each of the item(s) claimed (showing date and purchase price) where an item cannot be repaired*
- *For gadget claims, evidence that the damage occurred whilst the item was being used to track / record the cycling activity (e.g. GPS files or similar)*
- *For helmet claims, where a crash replacement scheme was available, evidence that this was utilised (e.g. invoice / statement from retailer)*

Please list the make, model, IMEI & / Serial number (where applicable), the original purchase costs as well as the original date of purchase for each of the items claimed.

Please list the replacement cost(s) for each of the items claimed.

For claims relating to damaged helmets, please can you confirm whether a crash replacement scheme was available and whether this was utilised

For claims relating to damaged gadgets, please can you confirm whether the damage sustained is covered under warranty or any other insurance held.

If any other insurance is held, please kindly provide the name, policy number and full contact details of the insurer.

Section 2 - Personal Accident (including Fractures, Dislocation, Facial Scarring, Emergency Dental Fees, Physiotherapy Fees)

Please complete the below section in full and provide the following information to support your claim along with the completed claim form.

- *For all sections, medical reports from the treating doctor providing details of the injuries sustained, the date of the accident, the circumstances during which the injuries were sustained and details of the treatment received.*
- *For Permanent Facial scarring claims, please also provide photographs showing the length of the scar against a ruler or similar.*
- *For Dental Fee & Physiotherapy Fee claims, please also provide invoices and receipts for treatment undertaken.*

Details of Injuries sustained:

Please provide details of the Medical Facility / Practitioner attended (e.g. hospital / GP / physiotherapist / dentist), providing the date attended as well as the treating facilities / Practitioner's name and address:

Have you suffered from this or a similar injury previously? If so, please kindly provide the details of the injury and date this was sustained.

Please provide details of any associated medical conditions that may impact your injury and recovery that were diagnosed prior to the date of accident.

Section 3 - Travel Reimbursement

Please complete the below section in full and provide the following information to support your claim along with the completed claim form;

- *Receipts for all travel costs being claimed*
- *Proof that you have had an accident or irreparable breakdown (e.g. photographic proof, GPS files or similar)*

Please confirm the value of the travel costs you are seeking reimbursement of:

Should you be seeking travel expenses following a puncture, was this repairable at the scene? **Y/ N**

Bank Details

If your claim is approved, please provide details of your Bank Account, for any potential settlement. Please include all of the following:

Name of Account Holder(s):

Bank Sort Code:

Bank Account Number:

IBAN Code (for any non-GBP bank accounts):

BIC / SWIFT Code (for any non-GBP bank accounts):

Name of your bank or building society:

Bank address including postcode:

Branch Code:

BSB Code:

Signature of Insured:	Date:

Claimant Declaration

I declare that the statements on this or any related form and document are true and correct to the best of my knowledge and belief and have not knowingly withheld any information connected with this claim. I agree to provide the insurer with any further information as may be reasonably required and understand the insurer does not admit liability by issue of this or any related form.

Data Protection

I understand that you will not discuss my claim with anyone else without my permission (including my spouse, any relative or friend, or legal advisor) unless I provide their name below. For security I understand you will ask them to verify their identity by confirming my date of birth, postcode and policy number.

Name: Relationship:

I understand that you may share information about me including but not limited to medical reports, private investigators reports and rehabilitation coordinators reports where appropriate including:

Third parties - including but not limited to The Association of British Insurers, trustees in bankruptcy, re-insurers, underwriters, medical agencies (in the UK and abroad), subcontractors and agents.

- Insurance reference agencies - this information will be used by other agency users in assessing insurance risk and fraud prevention.
- Government regulators and the Financial Ombudsman.
- Other insurance companies who require information for lawful purposes.

I understand all calls are recorded for training purposes, quality control and for the monitoring of fraudulent claims.

I understand that I am entitled, without excessive delay, to access my information and to rectify any inaccuracies at any time by writing to you.

The insurance industry operates a number of anti-fraud initiatives. I understand that the information given on this form may be stored electronically and may be shared with other organisations for this purpose. I understand that you may ask for information from other organisations to check the answers I have provided.

I understand that the making of a fraudulent or knowingly exaggerated claim is a criminal offence and that you investigate all cases and any person suspected of fraud is reported to the police with whom the insurer always cooperates.

Claimants signature: Print name:

Date: