



EXPERTS IN LEASING,
PASSION FOR BIKING

Theft DECLARATION

1. Cyclist

Mr Mrs Miss

Company Name _____

Surname _____ First Name _____

Street _____ House No. _____ Floor No. _____

Post Code _____ Town _____ Country _____

Telephone No. _____ Email private _____

Email Work _____

2. CIRCUMSTANCES OF THE THEFT

Date _____ Time _____

Place of theft (specify the exact address) _____

Street _____ House No. _____ Floor No. _____

Post Code _____ Town _____ Country _____

The vehicle was (tick the suitable box):

- In a private garage/home
- On the public highway
- In a public car park
- In a private car park (accessible to the public)
- Other:

Please describe in more detail the circumstances/causes _____

Make and type of stolen vehicle : _____

Plate number / serial number of the stolen vehicle : _____

Where were the keys at the time of the theft ? _____

Are you still in possession of the duplicate keys? _____

Were there any personal belongings stolen ? _____

Was the vehicle equipped with anti-theft protection / padlock?
mark and type _____.

Are there any witnesses ? (provide identity and contact information of witnesses)

Has the police department prepared a report? (provide P.V. number)

Do you have any other useful information to report ? _____

3. DOCUMENTS

In case of Speedpedelec, are the documents of the vehicle still in your possession? Yes / No

Please attach the following documents to this declaration

- Police report/ certificate of complaint

- Purchase invoice(s)

The form is to be returned no later than 8 days after the incident (within 48 hours in the case of theft or fire)

To UBIKE by email : insurance@ubike.be

5. WARNING

Any fraud or attempted fraud against the insurance will not only result in the termination of the insurance contract but will also be subject to criminal proceedings on the basis of Article 496 of the Criminal Code.

The signee certifies that the above answers are complete and true.

He agrees that the company will process the above-mentioned data, subject to compliance with the protection of privacy, for the provision and management of insurance services in general, including the compilation of statistics.

The person concerned has a right of control over his data and can, if necessary have them corrected.

DO NOT FORGET TO SIGN AND DATE THIS DECLARATION

Date _____ Signature _____