

# Deliveroo - Incident Report Form

Please fill in the details and email this form to [contactcenter@eminsco.com](mailto:contactcenter@eminsco.com)

If your claim involves **Temporary Total Disablement and/or Medical Expenses** please contact your contracting agency first. This insurance will only apply if your Contracting Agency's insurance does not meet all of the losses suffered.

## 1. Details of Rider (mandatory)

Rider ID Number

Name of Rider

Name of Contracting Agency of the Rider

Phone Number of Rider

Email address of Rider  
(box)

Type (Please insert "X" in applicable

Walker  Bicycle  Scooter

Car  E-scooter

Language spoken by Rider

English  Hindi/Urdu

## 2. Details of incident (mandatory)

Date

Time

Location

Description in detail

---

---

---

---

---

---

---

3. Details of Witness (if Any)

Name

Phone Number

Email Address

Witness Statement       Yes     No                      Please attach in email, if yes

4. Photos taken at scene Yes     No                       Please attach in email, if yes

5. Police Report Number (mandatory)                      Please attach Police Statement in email, if any

6. Details of Loss

Rider Bodily Injury – please provide full details of the injuries that you have suffered. (Please include dates of any medical expenses incurred/hospital confinement dates and contact details for treating facility and treating physician)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

7. If personal belongings lost or damaged as a result of assault, please list items here

---

---

---

---

---

---

---

---

**8. Details of person completing this form (if other than the Rider)**

Name

Phone Number

Email Address

**Declaration**

I / We declare that the particulars provided in response to the questions contained in this Incident Report Form are true and correct, and I / We have not suppressed, misrepresented or misstated any relevant fact.

I / We consent to your use of any personal information included in this Incident Report Form in accordance with your Privacy Policy, which is accessible in the policy document. I / We understand that failing to provide such personal information may prevent you from assisting with an insurance claim.

I/We accept

Full Name &  
Signature

Date