

Travel & Wintersports Insurance Claim Form for

Parts B & C

PERSONAL EFFECTS INCLUDING MONEY, SKI/SNOWBOARD EQUIPMENT AND SKI PASS

Resort Staff

Skiworld

Please fully complete this form and once done forward to Claims Settlement Agencies, 308-314 London Road, Hadleigh, Essex, SS7 2DD. It will usually take about a week to 10 days for a claim to be processed.

The section below shows the documents (documents may be sent on at a later date if necessary) which you should enclose in order for us to deal with your claim. They must be **originals not photocopies**. Please tick yes if enclosed and no if not.

Please note:-

- **Completing and sending this form is solely your responsibility, do not expect your manager to do it.**
- **Please return this completed form within 31 days of incident. Late claims maybe repudiated**

- | | | | | | |
|--|---------------------------------|--------------------------------|---|---------------------------------|--------------------------------|
| a) Flight tickets and baggage tags, if applicable. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | c) Receipts or other proof of value of the items on the claim form. Estimates for replacement are not acceptable, | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| b) For damaged items, including suitcases, ski/snowboard equipment, a repairers estimate or confirmation that damage is beyond repair. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | d) The police, airline or other relevant reports. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| | | | e) Currency transaction slips for money losses | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

CLAIM FORM NOTES – Please read before completing this form

- 1) Loss or damage caused by a carrier (e.g. airline, coach operator, ferry company, etc) must be reported to them and a Property Irregularity Report (PIR) obtained. If you have not reported such damage, please do so immediately. Please enclose the original report together with your ticket(s) and baggage tag(s).
- 2) The information requested about other insurance policies you may hold is quite routine and will help us to process your claim. If you live with your parents please give details of their insurance policies. We would ask you to check whether you have any other insurance which may cover the items for which you are claiming, (see question 14).

SIGNATURE

Please sign and date the form on the final page, together with your resort manager.

TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached.

or

Failure to complete these documents above will delay the processing of your claim

PLEASE COMPLETE USING CLEAR BLOCK CAPITALS

1. Claimant's title: MR/MRS/MISS/MS
 Forenames:
 Surname:

2. Correspondence Address:

 Post Code:

3. Telephone No. Daytime: Evening:
 Email address:

4. Occupation: Age:

5. The destination and county of your employment:

6. The policy no.
 Do you have Part B: Yes / No
 Do you have Part C: Yes/No

7. The name of Employer:
 Skiworld

8. The period of employment giving total number of days.
 From: To:
 Total no. of days:

9. Under which section(s) are you claiming (please refer to policy for section numbers)

10. Please give details about your loss, theft or damage including how this happened:
 DATE: TIME: PLACE:
 How it happened:.....

11. To whom was the incident reported?
 Please submit report or give reason why not reported:

12. Have you received any payment from your resort representative,
 airline or other source? Yes No
 If yes, full details of payer

13. Have you in the last five years made any claim on any insurance policy for loss, damage or theft of personal effects including money,
 ski/snowboard equipment and ski pass. Yes No
 If yes, please supply the following information:
 Date..... Incident Insurer
 Date Incident Insurer
 Please continue on separate sheet.

14. a) Certain household contents/all risks policies provide cover. Do you have a household contents/all risks insurance policy or if you are
 living with your parents do they have a policy? Yes No
 If yes, please supply the name and address of the insurance company and policy number.
 Name:
 Branch Address:
 Policy No:

b) Do you have any other insurance which may cover the items claimed? Yes No
 If yes, please supply details of the policy(ies).

And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim
- You are responsible for the cost of obtaining any documentation in support of your claim
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: DATE:

SIGNATURE OF EMPLOYER*: DATE:

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Copy

Please take a copy of this claim form and any attachments for your records and send the original with all supporting documents to Claims Settlement Agencies, 308-314 London Road, Hadleigh, Essex, SS7 2DD

* Note to Manager/Employer

Please hand back to member of staff to send, it is their responsibility.