

# Ski Equipment, Ski Hire, Ski Pack & Piste Closure Claim Form



**Please complete this claim form fully and return to us.  
Please ensure that you quote your claim number on all correspondence.**

## Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other	<input type="text"/>
Family name	<input type="text"/>	First name	<input type="text"/>
Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	N.I number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>		
		Post code	<input type="text"/>
Daytime tel no.	<input type="text"/>	Evening tel no.	<input type="text"/>
Email address	<input type="text"/>	Occupation	<input type="text"/>

## Policy details

Company name	<input type="text"/>	<i>If applicable</i>	
Policy number	<input type="text"/>	Date of issue	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Date of booking	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Destination	<input type="text"/>
Date of travel	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Date of return	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Travel agent	<input type="text"/>	Tour operator	<input type="text"/>

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## Information we need from you for possible recovery opportunities

Your Travel Policy has conditions attached whereby you must provide us with any information that assist any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serve to keep the costs of your premiums down. The information provided should not affect your renewal premiums or no claims discount.

Please answer the following questions and provide details as required. For questions that require a YES / NO response, please tick the appropriate boxes. Failure to do so may delay your claim.

1. Do you have a bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A bank account you hold may offer Travel Insurance cover as part of the benefits. Under no circumstances will your bank account information be used other than to obtain a contribution from the Travel Insurance provider. This will not affect your bank account in any way.

	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

2. Was a credit card or debit card used to pay all or part of the trip cost? (Certain credit or debit cards provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

3. Do you have a Household Contents insurance policy? (Some household contents policies provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

4. Do you hold any Private Medical Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

5. Do you consider anyone to blame for the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details.

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.

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## Documents you need to send us - Send original documents and keep copies for your records

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- A police report, if your property was lost or stolen other than whilst in the custody of the carrier.
- If your claim is for property lost, stolen damaged whilst in the custody of a carrier or their agent, written confirmation that no payment has been issued to you and all used travel tickets and baggage tags.
- Damage Claims Only** - please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices.
- Ski Equipment Claims** - please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items.
- Ski Hire Claims** - receipts for hire expenses incurred, if your claim is a result of a delay by a carrier please provide a copy of their report and their written confirmation of the date and time that you received your equipment.
- Ski Pack Claims** - provide written confirmation from the treating physician in resort that you were unfit to ski and evidence of the pre-paid expenses for which you are claiming e.g. receipts or ski pass.
- Piste Closure Claims** - written confirmation from the resort or your tour rep of the circumstances giving rise to the claim and if an alternative site was available receipts for transport expenses incurred in travelling there.

If you are unable to supply any of the documentation requested, please provide a written explanation.

**Important** - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Ref' when completing the sections below.

## PLEASE ANSWER ALL QUESTIONS BELOW - BLOCK CAPITALS PLEASE

### Ski Equipment Claims - Please provide details of lost, stolen, damaged or destroyed ski equipment

Ref	Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase price	Office use only
						<b>Total Claimed</b>	

### Ski Hire Claims - If ski equipment was hired due to your own equipment being lost, damaged or delayed please provide details

From whom was the equipment hired		From (date)		To (date)	
		Cost		Currency	
		Office use only			

### Ski Pack Claims - If you lost your ski pack (ski school fees, ski/snowboard/boot hire, lift pass etc.) please provide details

Please provide details of the circumstances giving rise to this claim		Ski school fees	Ski/snowboard/ boot hire	Lift pass
	Cost			
	Start date			
	End date			
	No. of days lost			

### Piste Closure Claims - If you were unable to ski due to the piste at your pre-booked resort being closed due to a lack of snow or adverse weather conditions please provide details

Date and time the piste was closed				Date and time the piste was re-opened			
Were expenses incurred or an alternative site available?				If YES advise cost of transport to an alternative site below			
Ref	Description of expense	Date incurred	Cost	Currency	Office use only		
					<b>Total Claimed</b>		

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## Delayed Ski Equipment Claims Only

Date and time of your arrival in resort			Date and time equipment received		
How long was your equipment delayed		Has compensation been received from the carrier? If so please provide documentary evidence of this. If no compensation received please state.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Flight No.		Flight Date		PIR or Airline Ref No.	

## Loss, Theft or Damage Claims Only

### Where and when did the loss, theft or damage occur

Date and time the loss, theft or damage was discovered			Place of incident (country and resort or town).		
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### Was the incident reported to the

Police (Date, time, ref)			
Carrier, e.g. Airline (Date, time, ref)			

**Detail below the full circumstances surrounding the incident and the precautions taken to protect your property.**  
Please continue on a separate sheet if necessary

### Where were the items at the time of the loss, theft or damage

**What actions did you take to attempt to recover your property was the incident reported to any other authority, e.g. your holiday rep, rental car company or hotel etc Please provide full details and a copy of their report if obtained, together with any other relevant information.**

## ALL CLAIMS

Have you or anyone else claiming made any previous claims for personal effects or money?  Yes  No If YES, please give full details below

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## Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurer's assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'starttravel.co.uk (ERV)' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
5. I am, by this notice, aware that 'starttravel.co.uk (ERV)' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

## Data protection act

The insurance industry operates a number of anti fraud initiatives. The information given on this form may be stored electronically and shared with other organisation for this purpose. If you would prefer the information given here not to be used in this way, you should tick this box.

**I have read and understand the declaration above and included the necessary documents to substantiate my claim.**

Claimant(s) full name(s)

Client's signature

Date

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

Signature of authorised  
representative

Date

I / We authorise

to act on my behalf in this matter.

Client's signature

Date

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The Financial Ombudsman Service, South Quay Plaza 2, 183 Marsh Wall, London E14 9SR  
www.financial-ombudsman.org.uk

The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ  
www.abi.org.uk