

PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.

Claimant Details

Claim Reference (if known):

Title: (Mr/Mrs etc)	Surname:	Forename(s):	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality:	Occupation:		
<input type="text"/>	<input type="text"/>		
Medicare Number:	Parent/Guardian's Medicare Number:		
<input type="text"/>	<input type="text"/>	(If medical claim for a minor)	
Home Address:	Home Tel:	<input type="text"/>	
<input type="text"/>	Work Tel:	<input type="text"/>	
State:	Mobile:	<input type="text"/>	
<input type="text"/>	Email:	<input type="text"/>	
Postcode:	<input type="text"/>		
<input type="text"/>			

Policy Details

Policy Number:	Date Issued:	No. in Party:	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Independent Travel Arrangements:	Yes <input type="checkbox"/>	No <input type="checkbox"/> (If no, provide the following*):	
* Travel Agent & Branch:	* Tour Operator:		
<input type="text"/>	<input type="text"/>		
Date of Booking:	Departure Date:	Return Date:	Total Days:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Country:	Resort/Town:		
<input type="text"/>	<input type="text"/>		

It is against the law to submit a fraudulent insurance claim.

If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

- I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Europ Assistance nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Europ Assistance for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.
- I/We subrogate all rights of recovery to Europ Assistance and also consent to them seeking reimbursement of any medical expenses paid by them.
For medical related claims:
- I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Europ Assistance or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Claimants Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Documents You Need to Send Us – SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

1. Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
2. A police report, if your property was lost or stolen other than whilst in the custody of a carrier.
3. If your claim is for property lost, stolen or damaged whilst in the custody of a carrier please forward the report issued by the carrier or their agent, written confirmation that no payment has been issued to you and all used travel tickets and baggage tags.
4. **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.
5. **For all Ski Equipment Claims** - please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items.
6. **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.
7. **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.
8. **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 as to why.
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

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
Total Claimed							

Ski Hire Claims: (if ski equipment was hired due to your own equipment being lost, damage or delayed, please provide details)

From whom was the equipment hired:

From: / / To: / / 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			
Date of Loss			
Number 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 lack of snow or adverse weather conditions please provide details)

Piste was closed: Date: / / Time: Piste was reopened: Date: / / Time:

Were expenses incurred or an alternative site available: Yes No If yes, advise cost of transport to an alternative site below:

Ref	Description of expense	Date incurred	Cost	Currency	Office use only
Total Claimed					

Delayed ski equipment claims only:

Arrival in resort: Date: / / Time: Equipment received: Date: / / Time:

How long was your equipment delayed:

Has compensation been received from the carrier: Yes No

If so, please provide documentation of this. If no compensation received, please state.

Flight No: Flight Date: / / PIR or Airline Ref No

Loss, Theft or Damage claims only:

Loss, theft, damaged discovered Date: / / Time:

Place of incident (country and resort/town):

Was the incident reported to the:

Police: Date: / / Time:

Carrier: Date: / / Time:

Detail below the full circumstances surrounding the incident and the precautions taken to protect your property. (continue on separate sheet at the end of the form if necessary)

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

What action(s) 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 (continue on separate sheet at the end of the form if necessary)

All Claims:

Do you or anyone else claiming have any other insurance which may cover this trip e.g. Travel Insurance with your bank/credit card account, tour operator/travel agent etc. Yes No If yes, please supply the following details

Company/Insurer's name and address:

Policy No:

Has the claim been submitted to any other party (other insurer, airline, carrier etc): Yes No

If yes, please give details below:

Company name and address:

Reference No:

Ruled area for writing answers.