

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



Dear Claimant,

Please complete this form in full and return to:

Mayday Travel Claims
13-16 Vine Street
Brighton
East Sussex
BN1 4AG

Or email: claims@maydaytravelclaims.com

Please ensure all relevant sections are completed and the supporting documentation is attached. This will enable us to assess your claim quickly.

WE RECOMMEND THAT YOU KEEP A COPY AND SEND THE COMPLETED CLAIM FORM BY RECORDED DELIVERY.

WE WILL CONTACT YOU WITHIN 5 WORKING DAYS OF RECEIPT OF THE CLAIM FORM.

WE RESERVE THE RIGHT TO REQUEST THAT ORIGINAL RECEIPTS / REPORTS OR ANY OTHER DOCUMENTATION BE SUBMITTED IN ORDER TO SUBSTANTIATE THE CLAIM.

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

DOCUMENT CHECKLIST (Please tick accordingly)



Original evidence to show your dates of outward and return travel (booking invoice, travel tickets, itinerary etc.)	<input type="checkbox"/>
A police report, if your property was lost or stolen other than whilst in the custody of the carrier	<input type="checkbox"/>
If your claim is for property lost, stolen or 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, baggage tags and property irregularity report (PIR).	<input type="checkbox"/>
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	<input type="checkbox"/>
Ski Equipment Claims - please provide pre-loss supporting documentation in the form of receipts, credit or bank statements showing the purchase of the items	<input type="checkbox"/>
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 property irregularity report (PIR) and their written confirmation of the date and time that you received your equipment	<input type="checkbox"/>
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	<input type="checkbox"/>
Piste Closure Claims - written confirmation from the resort or your tour representative of the circumstances giving rise to the claim and if an alternative site was available receipts for additional ski pass and transport expenses incurred on your trip	<input type="checkbox"/>
If you are unable to supply any of the documentation requested, please provide a written explanation	<input type="checkbox"/>

Claim reference number

Ski Equipment, Ski Hire, Ski Pack & Piste Closure

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PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	<input type="text"/>
Surname	<input type="text"/>			First name	<input type="text"/>	
Date of Birth	<input type="text"/>			N.I number	<input type="text"/>	
Address	<input type="text"/>					Please tick your preferred method of contact
	<input type="text"/>					
	<input type="text"/>					
Telephone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>			Occupation	<input type="text"/>	
					<input type="checkbox"/> Email	<input type="checkbox"/> Post
					<input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone

POLICY DETAILS

Insurance brand	<input type="text"/>	<input type="checkbox"/> Single trip	<input type="checkbox"/> Annual multi trip
Policy number	<input type="text"/>	Date of issue	<input type="text"/>
Date of outward travel	<input type="text"/>	Destination	<input type="text"/>
Date trip booked	<input type="text"/>	Date of scheduled return	<input type="text"/>
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 assists any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serves 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 No

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 bank

(e.g. HSBC)

Type of account

(e.g. SILVER/GOLD)

Account holder name

Account number

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 No

Card issuer

Type of card

(e.g. VISA)

Card holder name

Card number

3. Do you have a Household Contents insurance policy?
(Some household contents policies provide an element of travel cover)

Yes No

Name of insurer

Policy name

Policy number

4. Do you hold any Private Medical Insurance?

Yes No

Name of insurer

Policy name

Policy number

5. If Ski Trip, please provide your Carré Neige or Carte Neige policy number:

N/A

6. Do you consider anyone to blame for the incident?
If Yes, please provide details.

Yes No

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, may delay and may invalidate the claim.

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PREVIOUS CLAIMS

Have you ever made any previous travel insurance claims?

Yes No

If "Yes", please supply details below:

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 insurers 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 Mayday Travel Claims 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 Mayday Travel Claims will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Mayday Travel Claims maintain all data in accordance with the provisions of the Data Protection Act, 1984.

I HAVE READ AND UNDERSTOOD THE DECLARATION ABOVE AND INCLUDE THE NECESSARY DOCUMENTS TO SUBSTANTIATE MY CLAIM

Claimant(s) full name(s)

Claimant's signature

Date

Would you like a third party to act on your behalf?

Yes No

I / we authorise

to act on my behalf in this matter.

THIRD PARTY DETAILS (if applicable)

Name

Address

Post code

Date of birth

Relationship to claimant

Telephone