

Fogg Travel Insurance Services Limited Crow Hill Drive, Mansfield, Nottinghamshire, NG19 7AE

Crow Hill Drive, Mansfield, Nottinghamshire, NG19 7AE telephone 01623 631331 fax 01623 420450 email claims@foggtravelinsurance.com

PISTE CLOSURE CLAIM FORM							
Name				Occi	Occupation		
Address							
Email Address							
Name of To	ur Operator		_		Resort		
Departure D	Date from UK	Retu		eturn Da	ate to UK		
Inclusive dates for which you are claiming							
Were you transported to another area to enable you to ski? YES / NO (Delete as appl					O (Delete as applicable)		
If YES what charges were made for transportation?							
What ski area were you transported to?							
Were you able to ski at your resort at any time during your holiday? YES / NO (Delete as applicable)							
If YES pleas	f YES please indicate dates		From:		То :		
Please state the reason for the closure of your resort?							
I apply for compensation within the terms of the insurance provided and confirm that to the best of my knowledge and belief there was a total closure of the lift system at the resort due to the reason(s) as stated above.							
Signed	d Dated						
Please complete and return this form to Fogg Travel Insurance Services Ltd. together with your holiday invoice, proof of insurance and confirmation of the cause and duration of the closure of the ski resort in question if this is available to you. Fogg Travel Insurance Services Limited's Data Privacy Policy can be viewed at www.foggtravelinsurance.com							

YOUR TRAVEL CLAIM REFERENCE:



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SETTLEMENT BY BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide <u>ALL</u> your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

YOUR DETAILS						
Name of Claimant						
Email Address Where we will send confirmation of payment						
BANK ACCOUNT DETAILS						
Name of Payee This should be the same as held on the bank account						
Bank Name						
Bank Address						
Country						
Post Code						
Bank Account Number						
Sort Code						
If your bank account is held abroad, please also enter the following details:						
IBAN / BIC number						
Swift Code						
Signed	Dated					
IMPORTANT: We do not accept liability for any errors due to the incorrect bank details being provided by you.						

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.

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