

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



Please complete this claim fully and return to us by returning your completed form to:

ERGO Travel Insurance Claims,
Davies Building,
PO Box 1392,
Preston, PR2 0XE.

Please note, you can also submit a claim online. Please visit <https://travelclaims.davies-group.com> to register a claim online.

Or you can scan and send your completed form, alongside your supporting documentation, to travelclaims@davies-group.com.

Guide to Making a Claim

Below is a list of documents which need to be provided as supplementary evidence to support your claim. Please note the list is not exhaustive and we may ask for more information.

FOR ALL CLAIMS

1. Your policy certificate.
2. Your booking document(s) showing the total cost of the holiday.
3. Travel tickets (airline / ferry / coach etc.).
4. Your travel itinerary.
5. A photocopy of your passport page showing your photograph, name and date of birth.
6. Documents to support any discount given to you for your travel arrangements.

WINTER SPORTS

1. A police report, if your property was lost or stolen other than whilst in the custody of the carrier.
2. 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.
3. **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.
4. **Ski Equipment Claims:** please provide pre-loss supporting documentation in the form of receipts or visa/ bank statements showing the purchase of the items.
5. **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.
6. **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.
7. **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.

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"/> <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"/>			If applicable
Policy number	<input type="text"/>	Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of booking	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Destination	<input type="text"/>
Date of travel	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of return	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Travel agent	<input type="text"/>		Tour operator	<input type="text"/>

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"/>	
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	Account holder name	Account 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"/>	
	Card issuer	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"/>	
	Name of Insurer	Policyholder name	Policy number	
Bank Account				

4. Do you hold any Private Medical Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of Insurer	Policyholder name	Policy number	
Bank Account				

5. Do you consider anyone to blame for the incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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.

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
						Total Claimed	

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

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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).		
Was the incident reported to the police?					
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 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.

ALL CLAIMS

Have you or anyone else claiming made any previous claims for personal effects or money?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give full 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 ERGO Travel Insurance Services Ltd (ETI) 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 consent to ETI:
 - a. recording, storing and using my personal data in an electronic record of this claim; and
 - b. sharing the record of this claim, including my personal data, with other insurers and interested parties as part of insurance industry anti-fraud initiatives; in accordance with the General Data Protection Regulation.

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

Claimant(s) full name(s)	<input style="width: 100%;" type="text"/>		
Clients signature	<input style="width: 100%; height: 50px;" type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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

<input style="width: 100%;" type="text"/>			
Signature of authorised representative	<input style="width: 100%; height: 50px;" type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

I / We authorise
Client's signature

<input style="width: 100%;" type="text"/>
<input style="width: 100%; height: 50px;" type="text"/>

to act on my behalf in this matter.

Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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Please complete this claim fully and return to us by returning your completed form to:

ETI Claims Service
PO Box 9
Mansfield
Nottinghamshire
NG19 7BL

Or you can scan and send your completed form, alongside your supporting documentation, to info@eti-services.co.uk.

Confidentiality and data protection

Consent

We will only use Your personal data when the law allows Us to. Most commonly We will use Your personal data under the following two circumstances:

1. When You gave explicit Consent for Your personal data, and that of others insured under Your Policy, to be collected and processed by Us in accordance with this Data Protection Notice.
2. Where We need to perform the contract which We are about to enter into, or have entered into with You.

How We use Your Personal Data

We use Your personal data for the purposes of providing You with insurance, handling claims and providing other services under Your Policy and any other related purposes (this may include underwriting decisions made via automated means). We also use Your personal data to offer renewal of Your Policy, for research or statistical purposes and to provide You with information, products or services that You request from Us or which We feel may interest You. We will also use Your personal data to safeguard against fraud and money laundering and to meet Our general legal or regulatory obligations.

We collect and process Your personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is ETI. For the purposes of handling claims the Data Processor is ETI.

Special Categories of Personal Data

Some of the personal data You provide to Us may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by Us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for Us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information You have provided to Us confidential. However, You agree that We may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on Our behalf in administering Your Policy, handling claims and in providing other services under Your Policy. Please see Our Privacy Policy (www.ergotravelinsurance.co.uk/ergo-privacy-statement) for more details about how We will use Your information.

We will also share Your information if We are required to do so by law, if We are authorised to do so by You, where We need to share this information to prevent fraud.

We may transfer Your personal data outside of the European Economic Area ("EEA"). Where We transfer Your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask Us not to process Your personal data for marketing purposes, to see a copy of the personal information We hold about You, to have Your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask Us to provide a copy of Your personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether We hold Your personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or Our business relationship with You, unless We are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how We process Your personal data or requests relating to Your Personal Data Rights should be directed to:

Data Protection Officer, ETI, Afon House, Worthing Road, Horsham, RH12 1TL, United Kingdom

Email: dataprotectionofficer@ergo-travel.co.uk

Phone: +44 (0) 1403 788 510

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 ALL 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 inc. Country and Postcode	
Bank Account Number	
Sort Code	

If your bank account is held abroad, please also enter the following details:	
IBAN/BIC number	
Swift Code	

Signed

Date

D	D	M	M	Y	Y	Y	Y
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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.