



Insurance Administration Services Ltd

I A S Admin Dept, Po Box 9, Mansfield, NG19 7BL

telephone 01623 645308

email claims@ias-health.co.uk

PISTE CLOSURE CLAIM FORM

| | | | |
|--|---|-------------------|--|
| Name | | Occupation | |
| Address | | | |
| Email Address | | | |
| Name of Tour Operator | | Resort | |
| Departure Date from UK | | Return Date to UK | |
| Inclusive dates for which you are claiming | | | |
| Were you transported to another area to enable you to ski? | YES / NO (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 please indicate dates | From : | To : | |
| Please state the reason for the closure of your resort? | | | |
| <p>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.</p> | | | |
| Signed | | Dated | |
| <p>Please complete and return this form to Insurance Administration 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.</p> | | | |
| <p>Insurance Administration Services Limited's Data Privacy Policy can be viewed at www.ias-health.co.uk</p> | | | |

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 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 | |
| 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.

Insurance Administration Services Limited is authorised and regulated by the Financial Conduct Authority no 307309. Registered in England no 2920641 and acts on behalf of your insurers.