



Insurance Administration Services Ltd

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

telephone 0845 1300366

fax 01623 632861

email claims@ias-health.com

PISTE CLOSURE CLAIM FORM

Name		Occupation	
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?			
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	Dated		
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.			