



# Insurance Administration Services Limited

Po Box 9, Mansfield, Nottinghamshire, NG19 7BL

telephone 0845 1300366

fax 01623 632861

email [helpline@ias-health.com](mailto:helpline@ias-health.com)

## YOUR TRAVEL CLAIM REFERENCE:

### UNUSED SKI PACK

Does your claim fall under this section? YES/NO

If YES, please complete the questions below.

Date of accident

Country and resort.

### DETAILS OF AMOUNT CLAIMED

Description	No. of days pre-paid	Cost	No. of days claimed	Refund
Lift Pass				
Ski School				
Equipment Hire				
Other*please specify beneath				

Details of injury/illness resulting in this claim.

### YOU MUST INCLUDE

1. A medical certificate from the attending Doctor confirming the period the claimant was unable to ski.
2. The original lift pass, ski school pass, receipt for hired equipment and any other receipts for the costs claimed.

**TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED**

### DECLARATION

I declare that these particulars are true and correct to the best of my knowledge.

I authorise the Insurers to approach my medical attendant for further information, should this be necessary.

**Signature**

**Date**