



**CIRCUMSTANCES OF LOSS/DAMAGE AND ACTION TAKEN.**

(a) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time ..... Place .....

(b) Describe fully how loss/damage occurred (N.B. if property was unattended please state in your reply for how long and if from a vehicle, where property was located, together if applicable, the means of entry and details of any damage there to) use additional information sheet if necessary.....

Detail the precautions you took to protect your possessions.....

Detail the actions you took to recover your possessions.....

(c) If claim involves loss or theft:

Was the **Loss /Theft** reported to the police or any other authority? Yes / No.....

If yes state whom reported: Name: ..... Address: .....

..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(d) If **Loss/Delay/Damage/Theft** occurred in the custody of a Carrier (i.e. airline, bus company etc):

Name of Carrier: .....

Address of carrier: .....

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(e) **DETAILS OF HOUSEHOLD POLICY**

Name of Insurance Company:..... Policy No: .....

Address: .....

Kindly Note: Insurers have the right of recovery against any other Insurance covering the same loss.

(f) **PREVIOUS CLAIMS**

Have you had any previous thefts or loss to personal possessions? YES / NO

If yes, please give details ( i.e. date of loss, name and address of Insurer, Policy number and amount claimed)

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Have you had any previous losses of money or tickets? YES / NO

If yes, please details:.....

**PLEASE NOTE WE REQUIRE ORIGINAL DOCUMENTATION AS WE REGRET PHOTOCOPIES ARE NOT SUFFICIENT FOR INSURANCE PURPOSES**

**PARTICULARS OF CLALIM**

If there is insufficient space below please continue on a separate sheet using the same headings.

Initials of Owner	Full details of item being claimed. Including make/model etc.	Place of purchase (name of shop or of donor if a gift)	Date of Purchase	Original Cost	Deduction for age, use and tear or value of salvage	Amount Claimed	Receipt Yes/NO
<b>TOTAL: €</b>							

1. Was equipment hired after loss? **YES / NO**

If yes, who from?.....

For how long? **From** ...../...../..... **To** ...../...../..... **Cost** .....

1. If claiming benefit for piste closure/avalanche, give dates **From** ...../...../..... **To** ...../...../.....

2. Aer you claiming lost/unused lift pass or Green Fees or tuition fees? **YES / NO**

Give details why you were unable to use them .....

	Green Fees	Lift Pass Claims	Tuition Fees
Price Paid			
No. Days			
Days Lost			
Amount Claimed			

**I declare to the best of my knowledge all particulars contained in this form are true.**

**Signed**.....

**Date**.....