## OSG, Travel Claims, Nutley Building, Merrion Centre, Nutley Lane, Dublin 4, Tel: 6619133 Fax: 6615249 E-mail: travel@osg.ie

OSG Travel Claims – Winter Sports & Golf Cover - Internet Claim Form

Our aim is to process your claim as efficiently as possible, however, to achieve this the following documents must be enclosed with your completed claim form:

- 1. The Tour Operator's Confirmation of Booking Invoice and / or other documents issued as evidence of holiday/trip i.e. used travel tickets.
- 2. Evidence of Insurance and / or Validation Certificate.
- 3. Report from Police, airline, hotel or transport authority to whom you reported your loss.
- 4. Original purchase receipts, pre-loss valuations,
- 5. A repair estimate for damaged property or confirmation that articles are beyond repair
- 6. In the case of delay/damage/loss in transit, a Property Irregularity Report (PIR) issued by the Carrier is required, together with used Travel Tickets and Baggage Tags.
- 7. Original/replacement passes, tuition bills, equipment hire invoices.

## TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL

## REPRESENTATIVE

Name of Person Claiming:	Mr	
	MrsF	forename:
	Miss Surname:	
Address:		
Daytime Telephone No:		
Age:	Occupation:	
Name of Tour Operator		Travel Agency
Dates of Journey Outward		Return
Date of Booking		Country of Destination

CIRCUMSTANCES OF LOSS/DAMAGE AND ACTION TAKEN.
(a) Date/ Time
(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 <b>Loss /Theft</b> reported to the police or any other authority? Yes / No
If yes state whom reported: Name: Address:
(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) <u>DETAILS OF HOUSEHOLD POLICY</u>
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)
Have you had any previous losses of money or tickets?  YES / NO
If yes, please details:

PLEASE NOTEWE 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 Including mak		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
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Was assime	n ant hinad after lagg	. VEC	/NO					
yes, who from			·····					
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f yes, who from for how long? If claiming ben Aer you claim	From nefit for piste closure ing lost/unused lift p	e/avalanche, given ass or Green Feron use them	To/	Cost / To/ <u>YES / NO</u>	·····/·····			
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