

## **Fogg Travel Insurance Services Limited**

Crow Hill Drive, Mansfield, Nottinghamshire, NG19 7AE telephone 01623 631331 fax 01623 420450 email claims@foggtravelinsurance.com

PISTE CLOSURE CLAIM FORM				
Name	Occup		upation	
Address				
Name of Tour Operator			Resort	
Departure Date from UK	Return Da		ate to UK	
Inclusive dates for which you are claiming				
Were you transported to and	you transported to another area to enable you to ski? YES / NO			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 Fogg Travel Insurance 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.				