

Sedgwick OSG, Merrion Hall, Strand Road, Sandymount, Dublin 4, Ireland.

Email : travel@osg.ie

Tel: 00353 (0) 1 6619 133 Fax: 00353 (0) 1 6615 249

Winter Sports & Golf Cover - Claim Form

OSG Travel Claims are committed to providing a quality service. In order for us to assist you as quickly and efficiently as possible, it is important that you provide all necessary documentation.

If a claim is received without the correct documentation or the claim form has not been fully completed, this can delay your claim.

IMPORTANT – Insurers require ORIGINAL documents. You must provide, at your own expense, any documents required to process your claim. **We strongly recommend that you keep copies of all documentation forwarded to us.**

Documentation Required :- Failure to provide can result in our being unable to process your claim

Please tick to confirm you have attached the following documents [Tick]

		[Tick]
Fully Completed Claim Form	Complete each section. Do not use N/A.	<input type="checkbox"/>
Confirmation of Insurance	Insurance/Validation Certificate. In the case of credit card Insurance policies, please forward your credit card statement showing payment of the trip / holiday <u>IMPORTANT: IF YOU ARE PROVIDING YOUR CREDIT CARD STATEMENT, PLEASE ENSURE ONLY THE FIRST 6 AND LAST 4 DIGITS OF YOUR CREDIT CARD NUMBER ARE SHOWN</u>	<input type="checkbox"/>
Confirmation of Trip Dates	Tour Operators Confirmation Booking invoice. Also Forward any travel tickets you may have. This should also show any pre-booked ski pack or golf excursion payments.	<input type="checkbox"/>
Written Report Confirming Loss	Official report from Police / Airline / Hotel / Other authority to whom you reported your loss	<input type="checkbox"/>
Proof of Ownership	Original purchase receipts, credit card receipts, operating / instruction manuals.	<input type="checkbox"/>
If an Item is damaged....	An Estimate for repair or confirmation that the articles are beyond repair, stating the pre-damage value. Do not throw any items away – we may require them for assessment purposes.	<input type="checkbox"/>
In the case of delay/damage or loss in transit	A Property Irregularity Report (PIR) issued by the carrier, together with the Used Travel Tickets and baggage tags if available. If the property is not recovered, please obtain a letter from the airline confirming the items are irretrievably lost.	<input type="checkbox"/>
In the case of delay/emergency purchases / additional equipment hire	Receipts for any emergency items purchased as a result of your delayed baggage / equipment. Receipts for additional hire	<input type="checkbox"/>
In the case of injury / illness	Confirmation from a qualified medical practitioner of the condition and reason why unable to avail of the activity	<input type="checkbox"/>
In the case of Piste Closure / No snow claims	Confirmation from the resort / hotel that the piste was closed and the date that the piste closure was advised.	<input type="checkbox"/>

Winter Sports & Golf Cover – Claim Form Continued

Our aim is to process your claim as efficiently as possible. In order to achieve this please ensure that you fully complete the form and provide the original documents requested on the Information Sheet. (We strongly recommend you retain copies). Please note – if the information requested is not supplied, this can hold up your claim, and we may not be able to process it.

NB. All sections MUST be FULLY completed. (In BLOCK CAPITALS please)

Name of Policy Holder (include Mr/Mrs/Ms etc)	<input style="width: 95%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>
Name of Person to whom any payment should be made payable to - If different from above)	<input style="width: 95%;" type="text"/>	Address	<input style="width: 95%; height: 40px;" type="text"/>
What Insurance Company did you take out your travel insurance with?	<input style="width: 95%; height: 30px;" type="text"/>		<input style="width: 95%; height: 30px;" type="text"/>
What Is Your Policy Called / Credit Card Type?	<input style="width: 95%;" type="text"/>	Post Code (If Applicable)	<input style="width: 95%;" type="text"/>
Policy / Certificate Number If Credit Card Please write the Number (first 6 and last 4 digits only please)	<input style="width: 95%;" type="text"/>	E-Mail address	<input style="width: 95%; height: 30px;" type="text"/>
Policy Issue Date	<input style="width: 95%;" type="text"/>	Incident Date	<input style="width: 95%;" type="text"/>
Home Telephone Number	<input style="width: 95%;" type="text"/>	Mobile Telephone Number	<input style="width: 95%;" type="text"/>
Country of Destination	<input style="width: 95%;" type="text"/>	Travel Agent	<input style="width: 95%;" type="text"/>
Departure Date	<input style="width: 95%;" type="text"/>	Booking Date	<input style="width: 95%;" type="text"/>
Original Return Date	<input style="width: 95%;" type="text"/>	Actual Return Date	<input style="width: 95%;" type="text"/>
Tour Operator	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>

We use personal information which you supply to us for administration, claims management and other insurance purposes, as further described in our Privacy Policy, available here: <http://www.osg.ie/terms-conditions/>

Claimants signature and declaration

- I declare to the best of my knowledge all particulars in this form are true and accurate, with no omissions of any material information which would affect the insurers assessment of this claim
- I give permission for any medical practitioner, Police or similar authority mentioned with respect to this claim to release information regarding my records.
- I am aware that it is a criminal offence to defraud or attempt to defraud an insurer and that by doing so I may be prosecuted. I am also aware that should any element of this claim be found to be fraudulent in any way, all elements of the claim will be denied.
- I grant Sedgwick OSG and the Insurers they represent, full rights of subrogation in respect to any payments made on my behalf. I further agree to fully co-operate with such recovery efforts that Insurers deem necessary.
- In the event of a third party being liable for the loss / damage, all rights of recovery pass to Sedgwick OSG Travel Claims on settlement of this claim.

Signed Date

Winter Sports & Golf Cover - Claim Form Continued

Date of Incident _____ Time of Incident _____ Place of Incident _____

To whom was the loss reported _____

Date & Time Reported _____

Please fully describe the circumstances surrounding your claim and how the loss / damage occurred (Use additional sheet if necessary) _____

Describe the precautions you took to protect your possessions and any steps taken to recover the items _____

Was the Loss / Theft reported to the Police or any other authority YES / NO.

If NO, please explain why not _____

IF YES, State whom reported: Name: _____ Date: _____

Address _____

Crime Reference Number: (Ensure the original report is attached) _____

If the Loss / Delay / Damage / Theft occurred in the custody of a carrier (i.e. airline, bus company etc.). Please advise:

Name of Carrier _____ Report Reference Number _____

Address of Carrier _____

(Ensure the Property Irregularity Report is attached)

Have you submitted a claim against the carrier? YES / NO

If YES, please advise outcome and any amounts received _____

Length of baggage delay: **From (Date & Time)** _____ **To (Date & Time)** _____

Details of Other Insurance

Have you any other Insurance which may cover this claim, such as any Other Travel Insurance / Credit Card Insurance? YES / NO. If YES, please advise name, address and policy number _____

Full name and address of your **Household Contents / All risks Insurer.** _____

Policy Number for your **Household Contents / All risks Insurer** _____

Kindly note that Insurers have the right of recovery against any other Insurance covering the same loss.

If you have no Household Insurance, please write NONE _____

And sign _____

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)

Please remember to include all ORIGINAL documentation requested on the information sheet:- (Please retain copies for your records)

Confirmation of insurance, Booking invoice, Flight tickets, Written report concerning loss, Proof of ownership (receipts, manual, etc.) Estimate for repair (If appropriate), confirmation from the airline that the items were not recovered (If applicable), Receipts for any additional expenditure, medical certificate to confirm unable to avail of the activity (If applicable), Confirmation from the resort (or similar) that piste was closed (if applicable)

Winter Sports & Golf Cover - Claim Form Continued

Specifics of Claim.

If there is insufficient space below, please continue on a separate sheet using the same format

Receipt number	Full details of additional expenditure (Enclose all receipts / flight tickets etc.). Please also state the reason any additional Hire / Costs	Date of Purchase	Receipts? Please Tick.	Non € amount Claimed	Amount claimed. (€)
1					
2					
3					
4					
5					
TOTAL					

Please tally the receipt number with any receipts you may have (write the number on the top of the receipt). Continue on a separate sheet if necessary

Was additional equipment hired after loss? **YES / NO**

If Yes, who from? _____

For How long? From _____ To _____ Cost _____

Are you claiming for lost / unused lift pass / Green Fees / Tuition /Ski pack? **YES / NO**

Give details as to why you were unable to use them _____

If claiming for Piste Closure / Avalanche, provide dates From _____ To _____

Golf / Ski Pack Claim Details

	Green Fees	Lift Pass	Tuition Fees
Price Paid			
No. Of Days Purchased			
No. Of Days Used			
No. Of Days Lost			
Total amount claimed			