



“Skipass Protetto” Claims Form

To be filled in by the insured

Please fill in the form and attach all required documentation.

Personal information

Please complete in block capitals.

Name and surname		
Home address		
Country	City	Postcode
Telephone number	E-mail	Secondary phone number (optional)

I am applying for a Skipass refund for the following reason:

Please check one box only

a) injury or illness with hospitalisation to the insured person or to the accompanying person that has booked at the same time <input type="checkbox"/>	b) illness without hospitalisation, but with medical prescription that certifies the inability to use the skipass for the insured person or the accompanying person; <input type="checkbox"/>
c) isolation (quarantine) of the insured person or of a cohabitant relative for positive Covid19 test in the 14 days prior to the first day of booking; <input type="checkbox"/>	d) death of the insured person or the accompanying person; - or their parents or children's death <input type="checkbox"/>
e) fire or natural disasters that affect the insured person's house and make his presence necessary; <input type="checkbox"/>	f) writ of summons, criminal court summons or summon as a member of a jury after the booking <input type="checkbox"/>
g) car accident on the way to the ski resort that makes the arrival to the ski resort impossible during the days of the booking; <input type="checkbox"/>	Box for further details



Policy details

Policy number IPL0000531 -	Ski area		
Skipass purchase date	Incident date	Date in which the Skipass was supposed to be used	

Bank details

Please note that the name of the account holder must coincide with the name of the policyholder.

IBAN	SWIFT CODE
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Where to send this form with all required documentation:

denunce.sinistri@aig.com

Documents to accompany this claim form:

Please attach a copy of your Skipass and documentation attesting the claim type
(for example: for the above mentioned reason C you should attach the positivity to Covid 19 certificate)

Our company reserves the right to request additional documentation.

Please fill in the attached Privacy Form and return it.

You hereby declare that you do not have any other insurance policy covering the same risk.