



## ANNEX 3 - CLAIM REPORT FORM

CLAIM REPORT FORM					
POLICY NO.					
VALIDITY OF COVERAGE					
INSURED DETAILS					
SURNAME		NAME			
DATE OF BIRTH		PLACE OF BIRTH			
FISCAL CODE					
TELEPHONE		E-MAIL			
ADDRESS					
CITY		POSTAL CODE		PROVINCE	
EVENT DATA					
DATE OF CLAIM		TIME OF CLAIM			
DESCRIPTION OF THE EVENT					
Costs of rescue operations on the slopes by means of a toboggan		<input type="checkbox"/>	Generic rescue expenses		<input type="checkbox"/>
First aid medical expenses		<input type="checkbox"/>	Civil Liability		<input type="checkbox"/>
Legal Protection		<input type="checkbox"/>	Reimbursement of unused ski passes due to accident		<input type="checkbox"/>
Reimbursement of unused sporting equipment rental due to accident		<input type="checkbox"/>	Reimbursement of unused ski passes due to adverse weather		<input type="checkbox"/>
Other (Specify)					
DATA OF THE DAMAGED PARTY (only in the case of damage to third parties)					
SURNAME		NAME			
DATE OF BIRTH		PLACE OF BIRTH			
FISCAL CODE					



TELEPHONE		E-MAIL	
ADDRESS			
CITY		POSTAL CODE	PROVINCE

For the purpose of opening the position, please include the following documentation:

- (i) **Copy of the document confirming the policy**
- (ii) **Copy of the report issued by the rescue service**
- (iii) **Further documentation required under the terms and conditions of insurance.**

References

e-mail [sinistri.snowproblem@igsonline.it](mailto:sinistri.snowproblem@igsonline.it)

For Legal Protection claims e-mail: [tutela.legale@igsonline.it](mailto:tutela.legale@igsonline.it)