

CLAIM FORM – SKIPASS/PASSPROTECT

Please fill in one form per skipass

1. Insured person information (skipass holder)

Last name and first name

Full address

2. Skipass information

Skipass number

Supporting document attached:

Invoice Photo of the skipass Other:

3. Bank details for reimbursement

3.1 Does the bank account belong to the skipass holder?

- Yes
- No → If no, please complete below:

Account holder's full name

Account holder's address

.....

3.2 Bank details

Please provide one of the two formats:

European format

IBAN

BIC

Or international format

Account number

SWIFT code

4. Description of the incident

Please clearly and precisely describe the circumstances of the incident.

- Date of damage:
- Place of damage:
- Persons involved (if applicable):
- Detailed description of the facts:

.....

.....
.....

5. Declaration and signature

I hereby certify that the information provided in this form is accurate and complete.

Place & Date

Signature of the insured