Insurance Claim Form

Please complete one form per skipass
or ski course beneficiary

Mutuaide

WHAT IS THE REASON FOR YOU CLAIMS ?

☐ Cervinia closure   Date : ....

☐ Resort closure   Date : ....   Location : ....

WHO IS THE SKIPASS HOLDER / SKI COURSE BENEFICIARY ?

First Name : ....

Last Name : ....

Street : ....

ZIP code : ....

City : ....

Country : ....

WHICH SKIPASS AND INSURANCE ?

Skipass / ski course number : ....

Validity period of skipass / ski course : ....

☐ skiCare*   ☐ PassProtect   ☐ International *(Cervinia)**

* only for skipasses of 2 days and more

TO WHOM SHOULD THE REIMBURSEMENT BE PAID ?

Account holder *(only if différent form skipass holder / ski course beneficiary)* :

First name : ....

Last name : ....

Street : ....

ZIP code : ....

City : ....

Country : ....

Europe	International
IBAN :	Account number : ....
BIC :	SWIFT : ....

WHICH DOCUMENTS MUST BE SUBMITTED ?

The form will not be processed without the following attachments :

Cervinia closure	Resort closure
• Photo / invoice of skipass	• Photo / invoice of skipass *and/or* ski course invoice
• Proof of insurance purchased	• Proof of insurance purchased

DECLARATION AND SIGNATURE

Place and date : ....

Signature of skipass holder : ....