

# Notification Claim Form



Type Of Claim: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim form:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

f) \_\_\_\_\_

4. Please post the completed claim form along with any attachments to:

Intana, Collinson Insurance Services Ltd.  
IDA Business Park  
Athlumney  
Navan  
Co.Meath

**Policy Information:**

Policy Number: \_\_\_\_\_

Purchased from: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Dates covered: \_\_\_\_\_

Additional Cover: \_\_\_\_\_

# Notification Claim Form



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Medical Conditions:

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Endorsements:

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## Claimant Details:

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

## Travel Details:

Date of booking the trip:

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Departure Date:

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Return Date:

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Destination Country:

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Purpose of trip:

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What are you claiming for?:

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Amount:

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# Legal Expenses Claim Form



Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim?

Yes  No

If **YES**, please confirm the following:

Card number:

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Issuing Bank:

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Card Type (Gold, Platinum, Premier):

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Has a claim to a third party been submitted?

Yes  No

If **YES**, please provide details:

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Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex

Yes  No

If **YES**, please provide details:

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If the claim is in relation to injury please confirm the following:

1. An outline of the circumstances giving rise to the accident

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2. If a third party was involved the name and address of the Third Party and their insurance details if known

# Legal Expenses Claim Form



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3. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and their reference number

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4. If no Third Party was involved please clarify who or what was at fault and why

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If your claim is agreed, please provide your banking details below:

Confirm payee name:

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Bank Name:

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Bank Address:

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Bank SWIFT Code:

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Bank IBAN:

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Account Number:

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Sort Code:

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Account Holder:

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Type of Account (Premier, Gold, Platinum etc):

## DECLARATION

**IMPORTANT- Failure to sign will result in your claim form being returned.**

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to

# Legal Expenses Claim Form



provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

## DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/we understand that you may ask for information from other organisations to check the answers I/we have provided.

## IMPORTANT

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

Signature:

\_\_\_\_\_

Date:

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