

Notification Claim Form



Once completed, please return your claim form to:

Intana
Sussex House
Perrymount Road
Haywards Heath
West Sussex
RH16 1DN

Thank you for notifying us of your claim.

Please complete this claim form and return it to Intana as soon as possible.
Please write in BLOCK CAPITALS.
Please provide full supporting documentation to avoid delays in processing your claim.

Company Details (The Assured)

Company Name: _____

Company Address: _____

Postcode: _____

Email address: _____

Telephone Number: _____

Fax Number: _____

Company Contact Name: _____

Claimant Details (The Insured Person)

Title	Full Name(s)	Date of Birth	Position Held

Notification Claim Form



Claimant Address:

Postcode:

Email Address:

Telephone Number:

Fax Number:

Country of Residence:

Certificate Number:

Insurance Broker/Employer:

Travel destination:

Country:

Resort:

Hotel:

Departure Date:

___/___/___

Return Date:

___/___/___

Purpose of trip:

Business Pleasure

If Business:

Clerical Manual

If Manual please provide details of nature of work:

Notification Claim Form



If your claim is agreed, please complete the payment details below:

Bank account (UK bank accounts only):

Bank Name: _____

Branch: _____

Bank Sort Code: _____

Account Number: _____

Account Holder: _____

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

Personal Liability Claim Form



5. Please list the expenses being claimed and treatment received:

Currency paid and amount paid:

Receipt attached?

Yes No

State to whom payment should be made:

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:

Issuing Bank:

Card Type (Gold, Platinum, Premier):

Personal Liability Claim Form



Has a claim to a third party been submitted?

Yes No

If **YES**, please provide details:

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:

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

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

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

Personal Liability Claim Form



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

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

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

Confirm payee name:

Bank Name:

Bank Address:

Bank SWIFT Code:

Bank IBAN:

Account Number:

Sort Code:

Account Holder:

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

Personal Liability Claim Form



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 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:

___/___/___