

CLAIM FORM

FREQUENTLY ASKED QUESTIONS

Q: How long will it take for me to receive a response to my claim?

A: We are committed to providing a quality service - you should expect to receive a response from us within three weeks. To avoid delays please ensure that you provide us with all the relevant documentation required to process your claim.

Q: Do I need to send original documentation with my claim?

A: The only original documentation we require are invoices and receipts required to support your claim, although we also suggest that you keep photocopies of every item you send us. Please note all costs incurred obtaining documentation should be borne by the claimant.

Q: I do not have all the documents you require; can I proceed with my claim?

A: It is a requirement of your policy that you provide full details when making a claim. You can still submit your claim with an accompanying letter explaining the reasons why you are unable to supply the required documents, but without all relevant documentation we cannot guarantee that the claim can be processed.

Q: Where can I get my Insurance Certificate/Booking invoice from?

A: If you are not already in possession of these documents you can request them directly from the travel agent where you booked your trip. If you purchased your insurance with an alternative provider you will need to contact them directly.

Q: How will claim payments be made?

A: Payments can be made by cheque or BACS transfer, which takes much less time - please complete the claim form accordingly. It will be made the currency your policy is issued in.

Q: I'm not satisfied with the settlement; what should I do next?

A: We suggest that you first refer to your policy as limits, exclusions, depreciation or excesses may apply. If you have been sent a Claim Settlement Breakdown sheet this may provide further information. If you remain dissatisfied with the settlement you should contact our Travel Claims Unit. Alternatively you can write to us at the UK or Irish addresses below - please mark 'Appeal' on the envelope. The claim will be reviewed and you will then be advised of your further options.

Q: Where do I write to?

A: Please ensure that all documentation includes your Claim Reference Number and is sent to the relevant address below:

UK Residents

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

Irish Residents

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

Guidance Notes for Cancellation Claims

Please submit originals of the following (photocopies are not acceptable, but we would suggest that you may wish to keep a copy for your own records):



- The Insurance Certificate (Annual Certificates will be returned) or, if the insurance was purchased on the internet, a copy of the e-mail showing the insurance details.
- The booking invoice for your trip to confirm the full costs, deposits paid and date of booking.
- If claiming for abandonment, we require a tour operator's cancellation invoice and a written report from the carrier, confirming the reason for and length of delay.
- A cancellation invoice or no show letter for your trip confirming the cancellation, the date of notification of cancellation, total cost of the trip and amount that you have been refunded. Please note that your policy excludes costs such as airport taxes. You should obtain a refund from your carrier for such charges. Please refer to the cancellation section of your policy wording for full details.
- If the claim is due to bereavement, we will need to see the death certificate which will of course be returned; however, we will also require the completion of a Medical Declaration from the GP of the person whose death has given rise to the claim.
- Correspondence received from us following any medical declaration made to us in the past.
- We request details of other insurances as there is a reciprocal agreement in place between insurance companies which allows them to share losses incurred, without affecting any no-claim discount or future premiums which the policyholder may enjoy. Please ensure you complete the Details of Other Insurances section of your claim. Important – please do not enter “current account” we need to know the TYPE of account e.g. Gold, Flex, Premier etc.

Please read these important notes:

- When cancelling for medical reasons and or bereavement, it is essential that the two page medical declaration is completed in full, with each of the specific questions answered. In some cases we will require further medical information. Please note that any costs incurred for the requested medical information are to be borne by you as the claimant, as per the terms and conditions of your policy.
- The policy excess as defined in your policy will be deducted from each and every claim per insured person. This means each insured person due to travel and also each section if the claim falls under more than one, regardless of whether all the costs result from one incident.
- Where the claim is related to pregnancy, we will only consider the claim if the cancellation is as a result of a medical complication with the pregnancy.
- Claim payments can be made by cheque or BACS transfer, which takes much less time - please complete accordingly. The claim payment will be made in the currency of your residency.
- When the claim is settled we will provide a full breakdown of our assessment.

Change in health:

If your medical conditions have recently changed, may we remind you that you must contact the Medical Screening Helpline by telephone to declare the condition(s) and ensure that the cover will meet your needs. You will be asked further questions about the condition(s) and an additional premium may be payable to cover the declared condition(s), and/or further terms may be imposed.

Failure to declare ALL Pre-existing Medical Conditions that are relevant to the insurance may invalidate the policy and future claims may be declined.

Claim Reference Number

CANCELLATION

Claim Form - Please complete in **BLOCK** capitals ensuring all relevant fields are completed

Intana, Collinson Insurance Services Limited, Claims Department, IDA Business Park, Athlumney, Navan. Co. Meath. Ireland

CLAIMANT DETAILS

Surname	<input type="text"/>	Title Mr/Mrs/Ms/Miss/Other	<input type="text"/>
First Name	<input type="text"/>	Date of Birth	<input type="text"/> <small>DD / MM / YYYY</small>
Address	<input type="text"/>		
Home Telephone No	<input type="text"/>	Work Telephone No	<input type="text"/>
Mobile Telephone No	<input type="text"/>	Occupation	<input type="text"/>
Email Address	<input type="text"/>		
Preferred means of contact:	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Postal <input type="checkbox"/>

POLICY DETAILS

Policy Number	<input type="text"/>	Date of Purchase	<input type="text"/> <small>DD / MM / YYYY</small>
Purchased through:	<input type="text"/>		
Lead Name on Policy (if different from claimant)	<input type="text"/>	Relationship to claimant	<input type="text"/>
Is policy / lead name and address different to claimants:	If Yes, please provide below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surname	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>

TRAVEL DETAILS

Country of Destination (if cruise, which sea)	<input type="text"/>		
Date Trip Booked	<input type="text"/> <small>DD / MM / YYYY</small>		
Departure Date	<input type="text"/> <small>DD / MM / YYYY</small>	Return Date	<input type="text"/> <small>DD / MM / YYYY</small>
Type of booking:	Packaged Holiday	Independent	

OTHER CLAIM DETAILS

Have you submitted any other claim form to us in conjunction with this claim?

Yes

No

If Yes, please provide our claim reference number(s)

DETAILS OF OTHER INSURANCES - Failure to provide the information requested below may delay your claim

Some bank accounts and credit cards come with Travel Insurance benefits and if you did have cover of this nature we may seek a contribution from the other company once your claim is settled. A loss that is covered by more than one policy will routinely be shared so each Insurer can keep their premiums as competitive as possible, but the contributing Insurer cannot alter the price of terms of its policy unless there has been a claim direct from a policyholder.

Name of Bank / Building Society

Type of Account

 e.g. Platinum / Gold / Premier

Sort Code

Account Number

Did you pay for your trip with a credit card?

Yes

No

Card No

If yes, please advise type?

 e.g. Platinum / Gold / Premier

Issuer

Do you or any of the insured party have any other travel insurance that may cover you for this claim?

Yes

No

Name of Company

Policy Number

LEGAL ACTION

Are you pursuing legal action in relation to this claim?

If yes, please provide your solicitor's details:

CLAIM DETAILS

Total cost of trip

Refunds given

Total amount claimed (as shown on your cancellation invoice(s))

Winter Sports

State Winter Sport / Activity

Was the Winter Sport / Activity carried out on piste or off piste?

On piste

Off piste

Names of people insured under this policy who are cancelling and their relationship to the policyholder:

	Name	Date of Birth	Relationship to policyholder	Medical screening reference if applicable
1				
2				
3				
4				
5				
6				

Please note this policy only covers cancellation charges you have had to pay. The insurance premium is not refundable. If the total cost of the holiday has been paid to the tour operator then a part refund may be made by them. Your policy only covers the part not refunded by them.

NON-MEDICAL CANCELLATION DETAILS

Please tell us the date and by whom you were advised to cancel your trip

Please tell us the date that you told the tour operator or travel agent that you wished to cancel

DD/MM/YYYY

Reason for cancellation (Please provide official documentation in support of this i.e.: Police Report / Redundancy letter)

CANCELLATION ON MEDICAL GROUNDS

Was it your own health that caused the cancellation of your trip

Yes

No

If no, what is the name of the person whose medical condition resulted in this claim?

What is your relationship to this person?

Was this person due to travel on the planned trip with you?

Yes

No

Details of any third party involved including contact number and insurance details:

MEDICAL DECLARATION FOR AN INSURED PERSON

If this claim has arisen from the illness of a person insured under this policy then their GP should complete this page (4) only; if however this claim has arisen due to the illness of a close relative, or travelling companion or person with whom you intend to stay who is not insured under this policy, then please complete the medical declaration for a non-insured person on page 5 instead.

Name of Patient

Booking Date

Date insurance was purchased

This section should be completed by your GP in relation to the medical condition which necessitated your claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested. (Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Are you a GP at the patient's regular practice?

Yes

No

Were you consulted in relation to the patient's intention to travel?

Yes

No

If yes, Date

If yes, did you consider the patient fit to travel?

Yes

No

If no, please state reason

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a)

(b)

Date of first consultation for symptoms of this condition(s)?

Date of diagnosis of the condition(s)?

Date cancellation was recommended?

Was your patient undergoing inpatient treatment or investigations during the 3 years prior to the date the insurance was purchased or on a waiting list for the same? If yes please give details:

Please list all current active / major conditions and all medication your patient was prescribed on the date the insurance was purchased:

Signature(s)

Date

GP Stamp

(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)

MEDICAL DECLARATION FOR A NON-INSURED PERSON

If this claim has arisen from the illness of a close relative, or travelling companion or person with whom you intend to stay who is not insured under this policy, this page (5) to be completed by their GP

Name of Patient

Relationship to the policyholder

Booking Date

Date insurance was purchased

This section should be completed by the Non-Insured person's GP in relation to the medical condition which necessitated the claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested. (Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Are you a GP at the patient's regular practice?

Yes

No

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a)

(b)

Date of first consultation for the condition(s)?

Date of diagnosis of the condition(s)?

Date cancellation was recommended?

Was your patient undergoing inpatient treatment or investigations during the 3 years prior to the date the insurance was purchased or on a waiting list for the same? If yes please give details:

Please list all current active / major medical conditions and all medication your patient was prescribed on the date the insurance was purchased:

Did the patient receive a Terminal Prognosis when the insurance was purchased?

Yes

No

Signature(s)

Date

GP Stamp

(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)

SETTLEMENT DETAILS

Claims payments made by BACS transfer or other electronic banking system can be made and credited to your account more quickly than a cheque.

By entering your bank account details, you confirm that Intana has your full authority to remit monies directly to that account by the BACS or other electronic banking system. You also accept that, providing payment remitted to the bank account designated by you, Intana shall have no further liability or responsibility in respect of such payment, and that it shall be your sole responsibility to make collection of any misdirected payment.

Name of account holder

Type of current account e.g. Platinum / Gold / Premier

Name / Address of Bank / Building Society

IBAN

SWIFT BIC

If you require payment by cheque, to whom should the settlement be made?

Please note if the bank details provided are illegible or we are unable to validate, payment will be made by cheque payable to the claimant and posted to the address provided.

THIRD PARTY AUTHORITY

Do you require a third party to handle this claim on your behalf Yes No

If yes, please complete the below

I / We authorise (name of Broker / nominated Third Party)

To handle this claim on My / Our behalf and agree that all communications in respect of the claim will be solely through them at the following address:

Postcode Telephone Number

DECLARATION

I / We confirm that the facts stated in this form to be true and accurate to the best of My / Our knowledge. I / We understand that the information provided in relation to this claim may be shared with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud. I / We give authority to the insurers and their representatives to contact My / Our Medical Practitioners for any additional information.

I / We confirm that I / We give authority for you to approach any third party who holds information relating to the incident giving rise to this claim, I / We hereby authorise any such third party to release such information to you to assist in the investigation and resolution of My / Our claim.

I / We hereby grant Intana (as agent for the underwriter) full rights of subrogation in respect of any payments made on My / Our behalf. I / We further agree to fully co-operate with any such recovery efforts from liable third party or parties.

Please note that if you do not authorise your agent / third party to deal with the claim, we will not be able to discuss any details of the claim with them due to Data Protection Act regulations.

Signature(s) Date DD / MM / YYYY