

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 Curtailment (Early Return) Claims

Please submit originals of all of the following - photocopies are not acceptable. We recommend that you keep copies of everything you send us 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.
- Evidence of any refund from the airline or travel agent.
- All tickets, including unused and additional tickets. Please note, reimbursement for travel costs is based on either unused costs or additional costs, not both.
- Correspondence received in respect of any medical declaration.
- Correspondence from your tour operator in confirmation of the total cost of the unused portion of your holiday (if available).
- If the claim is due to bereavement, we will need to see the death certificate which, of course will be returned.

Please read these important notes:

In the event of curtailment or trip interruption for a medical reason affecting an insured person, you must contact us first and allow us to make all the necessary travel arrangements.

- When curtailing for medical reasons and or bereavement, it is essential that the medical declaration is completed in full, with each of the specific questions answered. In some cases we will require further medical information. This should be completed by the GP of the person whose illness necessitated your early return - either your own GP or the GP of your relative
 - If the claim is due to bereavement, we will still require this medical information along with a copy of the death certificate.
 - If you curtailed your holiday because of your own health, you must also provide documentation from the doctor who treated you abroad, stating why it was medically necessary for you to return home. Failure to provide this may invalidate your claim.
- The policy excess as defined in your policy will be deducted from each and every claim per insured person. In some cases your claim may fall under more than one section - consequently more than one excess may be deducted.
- 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 your policy is issued in. When the claim is settled we will provide a full breakdown of our assessment.
- 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.

Claim Reference Number

CURTAILMENT

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"/> DD / MM / YYYY
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"/> DD / MM / YYYY
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 address different to claimants:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide below:	<input type="text"/>		
	Postcode		

TRAVEL DETAILS

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

OTHER CLAIM DETAILS

Have you submitted any other claim form to us in conjunction with this claim?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="text"/>									
Type of Account	<input type="text"/> e.g. Platinum / Gold / Premier									
Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you pay for your trip with a credit card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please advise type?		<input type="text"/> e.g. Platinum / Gold / Premier					
Card No.	<input type="text"/>				Issuer	<input type="text"/>				
Do you or any of the insured party have any other travel insurance that may cover you for this claim?					Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Name of Company	<input type="text"/>									
Policy Number	<input type="text"/>									

NAMES OF PEOPLE INSURED UNDER THIS POLICY

Names of people insured under this policy who curtailed and their relationship to the policyholder

	Name	Date of Birth	Relationship to policyholder	Medical screening reference if applicable
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you approached your travel agent/tour operator to obtain a refund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please advise amount refunded	<input type="text"/> €	

Were you able to use your original return tickets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please send your original tickets and enclose proof of purchase for new tickets. (A deduction of 20% will be made from any settlement if your original tickets were not used and formed part of a package holiday)		

CLAIM DETAILS

Additional Travel details. Please state reason for each section of your travel (ensure all receipts and flight tickets are enclosed).

	From	To	Cost €	Reason for travel
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Actual return date	<input type="text" value="DD / MM / YYYY"/>	Total number of nights accommodation lost	<input type="text"/>
Total cost of original Trip (excluding ski pack if applicable)	€ <input type="text"/>		
<small>(Unused accommodation will be calculated on a % basis based on nights of unused pre-booked accommodation. Please forward a booking invoice showing breakdown of accommodation costs).</small>			
Winter Sports	<input type="checkbox"/>	State winter sport / activity	<input type="text"/>
Was the winter sport / activity carried out on piste or off piste?		On piste	<input type="checkbox"/>
		Off piste	<input type="checkbox"/>
Lessons (per adult)	€ <input type="text"/>	Ski Pass (per adult)	€ <input type="text"/>
Equipment Hire (per adult)	€ <input type="text"/>	Total cost of ski pack (per adult)	€ <input type="text"/>
Date ski pack started	<input type="text" value="DD / MM / YYYY"/>		
Date ski pack scheduled to expire	<input type="text" value="DD / MM / YYYY"/>		
Date and time unable to use ski pass from	<input type="text" value="DD / MM / YYYY"/>		<input type="text" value="HH:MM"/>

CURTAILMENT DETAILS

Please give full details for the reason for curtailment and attach appropriate written confirmation.

(If the curtailment is for medical reasons you must include written confirmation from the treating doctor abroad that curtailment was medically necessary. If curtailment was due to a person not covered by this insurance, his/her GP must complete the medical declaration for a non-insured person.)

Name of treating doctor	<input type="text"/>	Contact Details	<input type="text"/>
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Date(s) of consultation	<input type="text"/>
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Did you the contact Intana 24-hour emergency service at the time of the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date	<input type="text" value="DD / MM / YYYY"/>	Time	<input type="text" value="HH:MM"/>	Our Reference	<input type="text"/>
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If no, please give a full and detailed explanation of why you failed to contact the emergency service:

(Failure to contact Intana Emergency Services at the time of the incident may limit the amount of your claim. Please refer to your policy wording for further details).

NON-MEDICAL CURTAILMENT

Reason for curtailment:

Please provide official documentation to support the need to curtail your trip.

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

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 curtailment was recommended?

Was your patient undergoing inpatient or investigations in 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:

At the time of policy issue, had the patient been given a terminal prognosis? Yes No

Signature(s)

Date

GP 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 curtailment was recommended?

Was your patient undergoing inpatient or investigations in 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:

At the time of policy issue, had the patient been given a terminal prognosis?

Yes

No

Signature(s)

Date

GP Stamp

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

