

## 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 Medical Expenses 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.
- All invoices, receipts and medical reports in support of your claim.
- Any unused flight / ferry / train tickets.
- Correspondence received in respect of any medical declaration made in the past.

### **Please read these important notes:**

- 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 policy 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 of your residency.
- When your 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

## MEDICAL AND DENTAL EXPENSES

**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

Title Mr/Mrs/Ms/Miss/Other

First Name

Date of Birth

  
DD / MM / YYYY

Address

Home Telephone No

Work Telephone No

Mobile Telephone No

Occupation

Email Address

Preferred means of contact:

Telephone

Email

Postal

### POLICY DETAILS

Policy Number

Date of Purchase

  
DD / MM / YYYY

Purchased through:

Lead Name on Policy (if different from claimant)

Relationship to claimant

Is policy / lead name address different to claimants:

Yes

No

If Yes, please provide below:

  
Postcode

## TRAVEL DETAILS

Country of Destination (if cruise, which sea)	<input type="text"/>		
Date Trip Booked	<input type="text" value="DD / MM / YYYY"/>		
Departure Date	<input type="text" value="DD / MM / YYYY"/>	Return Date	<input type="text" value="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  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	<input type="text"/>		
Type of Account	<input type="text" value="e.g. Platinum / Gold / Premier"/>		
Sort Code	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Account Number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Did you pay for your trip with a credit card?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Card Number	<input type="text"/>	Issuer	<input type="text"/>
If yes, please advise type	<input type="text" value="e.g. Platinum / Gold / Premier"/>		
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"/>
Details of private health insurer	<input type="text"/>		
	Policy Number	<input type="text"/>	

IF YOU DO NOT HOLD PRIVATE MEDICAL INSURANCE, PLEASE COMPLETE THE FOLLOWING DECLARATION:

I confirm I do not hold private medical insurance

Signature	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	Date	<input type="text" value="DD / MM / YYYY"/>
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**PATIENT DETAILS (if different to claimant or policyholder)**

Tick if patient is: Claimant  Policyholder  Other  (if Other please complete the following)

Name of patient  Patient's date of birth  DD / MM / YYYY

Relationship to policyholder

**INCIDENT DETAILS**

Incident date  DD / MM / YYYY

Describe the circumstances surrounding your claim, including all relevant dates and places:

If your claim relates to any of the below please tick and provide the requested additional information:

Special Sports  State sport / activity

Winter Sports  State winter sport / activity

Was the winter sport / activity carried out on piste or off piste? On piste  Off piste

Were you injured as the result of an accident? Yes  No

If yes describe the circumstances surrounding your accident, including all relevant dates and places:

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

Are you pursuing legal action in relation to this claim? Yes  No

If yes, please provide your solicitor's details:

## DETAILS OF TREATMENT

Were you admitted to hospital?

Yes

No

If admitted, please provide date and time of admission and discharge below:

Admission date

Admission time

Discharge date

Discharge time

Name of clinic /  
hospital

Contact details

If outpatient treatment, please provide date, time and details of each treatment:

Diagnosis given by treating doctor / hospital:

Did you contact the Intana 24-hour emergency service  
at the time of the incident?

Yes

No

Date

Time

Our Reference

If no and your claim is for more than €500, 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).



## DETAILS OF EXPENDITURE

List of expenditure / amounts paid by you:

No.	Who you paid	Reason	Cost (inc. currency)
1			
2			
3			
4			
5			
6			

List of outstanding bills still to be paid:

No.	Who still requires payment	Reason	Cost (inc. currency)
1			
2			
3			
4			
5			
6			

Did you pay your policy excess directly to the hospital at the time of treatment?

Yes

No

If yes, please include your receipt and confirm the amount

€

Did you present a European Health Insurance Card (EHIC) to the doctor / clinic at the time payment was made?

Yes

No

**DID YOU MAKE A MEDICAL DECLARATION WHEN YOU TOOK OUT THE POLICY?**

Yes

No

If yes, please include medical screening documentation.

Health Screening Reference

**HAVE YOU EVER BEEN TREATED FOR THIS OR ANY OTHER RELATED CONDITION BEFORE?**

Yes

No

If yes, please complete the following Medical Declaration.

**FOR TREATMENT RECEIVED IN AUSTRALIA: DID YOU REGISTER FOR MEDICARE?**

Yes

No

If no, please comment.

**MEDICAL DECLARATION - For completion only if you received inpatient treatment and we did not authorise the costs at the time of admission**

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)?

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)

