

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

OVERSEAS MOTORING

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

Intana, Collinson Insurance Services Ltd, 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"/>		
Address	<input type="text"/>		
Occupation	<input type="text"/>	Home Telephone No	<input type="text"/>
Work Telephone No	<input type="text"/>	Mobile Telephone No	<input type="text"/>
Email Address	<input type="text"/>		
Name of Policy Holder if different from above	<input type="text"/>		
Policy Number	<input type="text"/>	Date of Purchase of Insurance	<input type="text"/>
Place of Purchase	<input type="text"/>		

TRAVEL DETAILS

Destination	<input type="text"/>	
Departure Date	<input type="text"/>	Return Date <input type="text"/>

VEHICLE DETAILS

Make of Vehicle	<input type="text"/>	Model	<input type="text"/>
Registration Number	<input type="text"/>	Year of Manufacture	<input type="text"/>
Is the vehicle under warranty?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date vehicle was last serviced	<input type="text"/>	By whom	<input type="text"/>
Are you a member of any other motoring breakdown organizations? (e.g. AA/RAC/Other)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes which one?	<input type="text"/>	Membership number	<input type="text"/>
Do you have any other Insurance that might cover this Incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details below:			
Address of Insurer	<input type="text"/>		
Telephone	<input type="text"/>	Policy Number	<input type="text"/>

Please Provide: the name and details of your vehicle and/or caravan Insurers

Address

Policy Number

Telephone

Cover (tick as appropriate)

Comprehensive

Third Party

Please give details including dates and amount received in respect of any motor claims made in the past 5 years

DETAILS OF CIRCUMSTANCES

Date of incident

Place of incident

Describe details of the accident

(If an accident, please enclose the international accident statement. Provide details of third parties where appropriate)

Were the repairs carried out at the roadside?

Yes

No

How long was the vehicle out of use?

If spare parts were required, were these available?

Yes

No

Did you contact Intana 24-Hour Emergency Helpline

Yes

No

(Please note that failure to contact the emergency service may limit the amount payable on your claim)

Date

Time

Our reference

If no, please give a full explanation of why you did not contact the emergency service.

CLAIM DETAILS

Please include all receipts in relation to the costs you are claiming below. Our normal practice is to settle claims direct to the insured in sterling. When converting your local currency payment we use the rate quoted on www.oanda.com on the date of payment. If you wish to convert your claim at a different rate of exchange please include evidence of the rate received.

Itemised claim

Towing/callout

Roadside repairs

Car Hire

(optional extra insurance and petrol are not covered)

Collection and delivery of parts

(costs of parts themselves are not covered)

Repatriation of vehicle and passengers

Other expenses (please detail)

(Your policy only covers additional expenses incurred as a result of an accident or breakdown and not expenses that you have incurred in the normal course of events e.g. Food, petrol etc.)

PLEASE COMPLETE THE FOLLOWING SECTIONS WHERE APPLICABLE

BREAK IN OR THEFT OF VEHICLE (PLEASE SUPPLY DETAILS AND POLICE REPORT)

LOSS OF TENT (PLEASE SUPPLY DETAILS AND POLICE REPORT)

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

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SWIFT BIC

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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.

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, and 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 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.

Or

Deal solely with myself in respect of this 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 DPA regulations.

Signature(s)



Date

For office use only