

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 Personal Accident 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
- Where the claim follows death -
 - The death certificate
 - Grant of Probate or letters of administration
 - Coroner's report where applicable
 - Copy findings of inquest if applicable
 - The Police Report if applicable

Please read these important notes:

- Upon receipt of the completed medical declaration section of the claim form, we may require additional medical information. Please also be advised 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.
- Please note that the policy does not offer compensation for all types of injury; it pays benefit only in the event of the specific and severe types of trauma listed. Please refer to your policy for full details.
- Claim payments can be made by cheque or BACS transfer, which takes much less time – please complete the claim form accordingly. The claim payment will be made in the currency of your residency.

Claim Reference Number

PERSONAL ACCIDENT**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

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**OTHER CLAIM DETAILS**

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

Yes

No

If yes claim reference number

INCIDENT DETAILS

Incident date

DD / MM / YYYY

Describe the circumstances surrounding the claim, including all relevant dates, places and what you / the injured person were doing at the time.

Date doctor first consulted

DD / MM / YYYY

Were the police involved?

Yes

No

If yes, please provide their report or the name, address and telephone number of the police station involved:

Witness name and address where available:

Please describe as fully as possible the nature of the injuries sustained:

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

Special Sports	<input type="checkbox"/>	State sport / activity	<input type="text"/>
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

Off piste

When you / the injured person were abroad did you / he / she contact the Intana 24-Hour Emergency Service?

Yes

No

Date

DD / MM / YYYY

Time

HH:MM

Medical Claim Reference
(if appropriate)

MEDICAL DECLARATION

This section should be completed by the regular medical practitioner of the person whose death or injury is the reason for this claim. Any fee charged for the completion of this form must be paid by the claimant.

(Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Name of Patient

Are you the patient's regular GP?

Yes

No

If no, please state
relationship

Precise nature of injury / cause of death / diagnosis and causation (if limb or eye, please state left or right):

Date of Illness / injury / death?

DD / MM / YYYY

What treatment was
received?

When did the patient first
consult you with regard to
this condition?

Is there anything in the medical history that could have caused
or contributed to the level of disability, injury or death?

Yes

No

If Yes, please provide details:

Does the disability prevent the patient from being able to undertake any type of work?

Yes

No

If Yes, please provide details:

If so, is this situation likely to change or improve?

Yes

No

Was the patient on medication?

If Yes, please provide details:

Yes

No

Signature(s)

Date

DD / MM / YYYY

GP Stamp

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

ACCESS TO MEDICAL RECORDS & REPORTS

Your rights – Please read carefully

Your consent is needed before we can apply for your medical history and / or a medical report from your doctor, or other medical practitioner.

In the event that you do not consent, we may be unable to process your claim, or continue with benefits for a claim already in existence. If you do consent, then you have a choice whether or not to see the report before your doctor, or other medical practitioner forwards it to us.

If you indicate below that you wish to see the report, you will have twenty-one (21) days after you have received our notification in which to contact your doctor, or other medical practitioner. If you indicate below that you do not wish to see a copy of the report but later change your mind, you are entitled to request a copy directly from your doctor, or other medical practitioner, for up to six (6) months after it has been sent to us. If you are supplied with a copy of the report your doctor, or other medical practitioner is entitled to charge you a reasonable fee to cover costs. In addition, if your doctor, or other medical practitioner, spends time with you discussing your report there is an additional entitlement to charge a fee to cover the time involved as this would not fall within the NHS terms of service.

Your doctor is not obliged to let you see any part of the report if it is felt that it would cause you harm, would indicate his intentions towards you or would reveal the identity or details of another person who is not a professional involved in your care. Your doctor, or other medical practitioner, will inform you if this applies to sections of your report and you may ask to see the remaining parts. If the whole report is affected then it will not be forwarded to us without further consent.

You are entitled to write to your doctor, or other medical practitioner, and request that your report be amended if you consider it, or any part of it, to be incorrect or misleading. If your doctor, or other medical practitioner, is not prepared to amend your report, a statement of your views can be attached to it.

Please tick the appropriate box, complete the form below (where applicable) and return it to us.

I wish to see the report before it is sent. I do not wish to see the report before it is sent.

I wish to see the report before it is sent.

I do not wish to see the report before it is sent.

Please complete your details

Signature(s)

Date

Print Name

