

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 / Public Liability 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 documentation pertaining to the damage caused.
- A statement / report from the person or firm who held you liable, detailing the circumstances of the incident and why they held you responsible.

Please note that incidents arising from you driving cars or motor bikes, or any type of mechanically propelled vehicle are excluded from cover. Any claim should be directed to the Insurer of the vehicle itself.

Claim Reference Number

PERSONAL / PUBLIC LIABILITY

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.

What is the name of the company who provides your home contents insurance?

Address
Postcode

Telephone Number Policy Number

Or I / We declare that I / We do not have Home Contents insurance Signature

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 or third party have any other insurance that may cover this claim? Yes No

Name of Company Policy Number

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			

DESCRIPTION OF INCIDENT

Incident Date

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

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

Please provide name and address of other parties involved and details of any relevant insurance they held:

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 or damage caused:

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	<input type="text"/>
Type of current account	<input type="text"/> <small>e.g. Platinum / Gold / Premier</small>
Name / Address of Bank / Building Society	<input type="text"/>
IBAN	<input type="text"/>
SWIFT BIC	<input type="text"/>
If you require payment by cheque, to whom should the settlement be made?	<input type="text"/>

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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Date	<input type="text"/> <small>DD / MM / YYYY</small>
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