

## 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 Winter Sports Luggage 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.
- Original receipts or invoices for the items you are claiming as evidence of value and ownership. If your ski equipment was hired, documentation confirming the hire agreement.
- In respect of claims for ski equipment delay, we require a letter from the carrier confirming the delay.
- In respect of claims for ski equipment damaged or lost by the airline, we need a property irregularity report (PIR) which must be obtained at the airport as well as luggage recovery tags. We will also require evidence of the damage and an estimate of repair or a letter from a retailer confirming that the item is beyond economic repair if applicable.
- In respect of claims for equipment damaged whilst in use, we will require evidence of the damage and an estimate of repair or a letter from a retailer confirming that the item is beyond economic repair if applicable.
- In respect of claims for lost/stolen equipment and lost/stolen ski passes, it is a condition of the policy that all losses are reported to the local police or relevant authority within 24 hours and a written report obtained and submitted with your claim.

### **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.
- Claims are paid based on the value of the goods at the time that they are lost, damaged or stolen and not on a 'new for old basis' or replacement cost basis; thus a deduction is made for wear, tear, and depreciation, based on the age of the items.
- We request details of your household insurance policy 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 policy holder may enjoy.
- Please refer to the Winter Sports section of your policy for confirmation of the sums insured which may be applicable to your claim.

- 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.
- When the claim is settled we will provide a full breakdown of our assessment.

Claim Reference Number 

## WINTER SPORTS LUGGAGE

**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" value="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" value="DD / MM / YYYY"/>
Purchased through:	<input type="text"/>		
Lead Name on Policy (if different from claimant)		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	<input type="text"/>

### 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

**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?

  
eg Platinum / Gold / Premier

Issuer

Do you or any of the insured party have any other travel insurance that may cover you for this claim?

Yes

No

Name of Company

Policy Number

Are any of the items claimed for covered by any other warranty?

Yes

No

Warranty Details

## DESCRIPTION OF INCIDENT

Date & time of incident

DD / MM / YYYY

HH : MM

Date & time you became aware of loss / damage?

DD / MM / YYYY

HH : MM

If claiming Luggage delay, please state the date and time your luggage was returned

DD / MM / YYYY

HH : MM

Was the Incident Reported?

Yes

No

Please provide details of who the incident was reported to, or if it was not reported then please explain why

Please describe in detail the circumstances of the incident including the build up and events following the event (Including all times and locations)

State Winter Sport / Activity

Was the Winter Sport / Activity carried out on piste or off piste?

On piste

Off piste

**DESCRIPTION OF PROPERTY LOST, DAMAGED, STOLEN OR \*ESSENTIAL PURCHASES**

(\* In regards to luggage delay claims only)

Full details of item	Name of owner	Purchase price	Date of purchase	Place purchased	Method of payment	Received (Y / N)

**UNUSED SKI PACK**

Name(s) of all people claiming who are insured under this policy	

Lessons (per adult)	€ <input type="text"/>	Lessons (per child)	€ <input type="text"/>
Equipment Hire (per adult)	€ <input type="text"/>	Equipment Hire (per child)	€ <input type="text"/>
Ski Pass (per adult)	€ <input type="text"/>	Ski Pass (per child)	€ <input type="text"/>
<b>Total cost of ski pack (per adult)</b>	<b>€ <input type="text"/></b>	<b>Total cost of ski pack (per child)</b>	<b>€ <input type="text"/></b>

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"/>



## 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

SWIFT BIC

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.

## 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)

Date

DD / MM / YYYY