

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. 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: 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.

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:

Address:

Intana Claims Department
Sussex House
Perrymount Road
Haywards Heath
West Sussex
RH16 1DN

Claim Reference Number

MISFUELLING

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

Intana, Claims Department, Sussex House, Perrymount Road, Haywards Heath, West Sussex RH16 1DN

CLAIMANT DETAILS

Surname

Title Mr/Mrs/Ms/Miss/Other

First Name

Address

Postcode

Occupation

Home Telephone No

Work Telephone No

Mobile Telephone No

Email Address

Name of Policy Holder if different from above

Policy Number

Date of Purchase of Insurance

Place of Purchase

VEHICLE DETAILS

Make of Vehicle

Model

Registration Number

Year of Manufacture

Is the vehicle under warranty?

Yes No

Are you a member of any other motoring breakdown organizations? (e.g. AA/RAC/Other)

Yes

No

If yes which one?

Membership number

Do you have any other Insurance that might cover this Incident?

Yes No

If yes, please provide details below:

Address of Insurer

Telephone

Policy Number

Please Provide: the name and details of your vehicle Insurers

Address

Policy Number

Telephone

Cover (tick as appropriate)

Comprehensive

Third Party

DETAILS OF CIRCUMSTANCES

Date of incident

Place of incident

Describe details of the incident

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.

Engine damage

Refuel

Other expenses (please detail)

OTHER CLAIM DETAILS

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

Yes

No

If Yes, please provide our claim reference number(s)

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 Assistance 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

Sort Code

Account Number

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 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