



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 provide a quality service, our claims team will review the documentation supplied and will contact you as soon as possible. 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 original documentation we require are invoices and receipts required to support your claim and we suggest that you keep photocopies of every item you send us. Please note all costs incurred obtaining documentation should be borne by you.

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?

A: If you are not already in possession of these documents you can request them directly from wherever you purchased the Policy. Failing this, please let us know and we may be able to help obtain this.

Q: Where can I get my Booking Invoice?

A: You can obtain this from the Travel Agent, Tour Operator, or if you have booked directly, a copy of the email / invoice from the Travel / Accommodation Provider.

Q: How will claim payments be made?

A: Payments can be made by BACS transfer. Please complete the claim form accordingly. It will be made in the currency your policy is issued in.

Q: I'm not clear on how settlement has been reached; 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 remain unclear with the settlement you should contact our Travel Claims Unit. Alternatively you can write to us at the address provided on the Claim Form – please mark 'Appeal' on the envelope. The claim will be reviewed and you will then be advised of your further options. If you are still not happy with the outcome you may then take the issue further as a formal complaint.

Q: Where do I write to?

A: Please ensure that all documentation includes your Claim Reference Number and is sent to the relevant address provided on the Claim Form.

Guidance Notes For Personal / Public Liability Claims

Please submit originals of the following (photocopies are not acceptable, but we would suggest that you may wish to keep a copy 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

You must not admit liability, offer or promise to make any payment. Any contact from the other side should be directed to us, unanswered and unacknowledged. Failure to comply will affect the outcome of your claim.

PERSONAL / PUBLIC LIABILITY

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	<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"/>		
		Postcode	<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"/>		

POLICY DETAILS

Policy Number	<input type="text"/>	Date of Purchase	<input type="text"/> DD / MM / YYYY
Purchased from:	<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	<input type="text"/>

TRAVEL DETAILS

Country of Destination	<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:	Package Holiday <input type="checkbox"/>	Independent	<input type="checkbox"/>

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 eg Platinum / Gold / Premier

Sort Code Account Number

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 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 State sport / activity

Winter Sports State winter sport / activity

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:

Please provide details of the injury or property damage the third party is claiming you are responsible for:

Has a letter of claim been received?

Yes

No

If Yes, please provide a copy.

Please provide details of the third party:

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	eg Platinum / Gold / Premier									
Name / Address of Bank / Building Society										
Sort Code				Account Number						

DECLARATION – please tick the boxes to confirm you agree with the following statements:

- I / We confirm that the information provided in this form and in any accompanying supporting documentation is true, accurate and complete to the best of all claimants' knowledge. In the event of false, inaccurate or incomplete information being provided the Insurer reserves the right to cancel your policy and reject your claim in full or part.
- I / We confirm that I / We give explicit consent to my data, including up to date medical diagnoses information, being held, used and processed for the purposes described in the Data Protection notice below, including the purpose of undertaking investigations into, and to adjudicate on, my claim (including the length of my hospital stay and the treatment I received).
- I / We give authority to Intana (as agent of the relevant underwriter) and their appointed representatives to approach any third party who holds information relating to the incident giving rise to this claim, including, but not limited to medical practitioners and hospitals/clinics where the claim relates to a medical condition or injury. Such authority will permit the third party(ies) to release relevant information to Intana to assist in the investigation and resolution of this claim.
- I / We hereby grant Intana full rights of subrogation in respect of any payments made on behalf of all claimants. I / We further agree to fully co-operate with any such recovery efforts from liable third party or parties and to immediately notify Intana if any lost or stolen property mentioned in this claim form is subsequently recovered.
- Please confirm that you give your authority for Intana Claims and their appointed representatives to approach any Third party who holds information relating to the incident given rise to this claim. Such authority will permit the Third part(ies) to release relevant information to Intana to assist in the investigation and resolution of this claim

IMPORTANT

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	
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Data Protection

The information, including sensitive information, (such as health and medical details) that you have provided in this Claim Form, or which you have authorised third parties to provide, will be used by the insurer and their representatives for claims processing, claims auditing (including billing audits), policy administration and customer care purposes. Data may also be used for statistical analyses and the detection and prevention of fraud. We may share your data with trusted third parties who process data or conduct clinical and / or billing audits on our behalf, inside and outside of the European Economic Area. We may also share your data with other insurers to verify your cover, and with state bodies as required by law.