



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.

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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 Travel Delay and Missed Departure 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 original booking invoice to confirm the scheduled dates and times of arrival and departure					
•	If claiming for Travel Delay benefit, we require a written report from either the airline, train, ferry or tour operator confirming the reason for the travel delay, together with the actual and					
	scheduled departure and arrival times					
•	If claiming expenses due to missed departure, we require a written report from the public					
	transport operator confirming the reason for your failure to reach your destination, or a					
	written report from breakdown service if your own vehicle was immobilised					

Please read these important notes:

- Please note you cannot claim for **both** travel delay and expenses incurred due to missed departure
- Please note any settlement made in respect of Travel Delay is a benefit only. Please refer to your policy for confirmation of benefit available
- For Missed Departure claims we will expect every reasonable step to have been taken to commence and complete the journey to the departure point on time, and will not consider claims that arise from traffic delays or not allowing sufficient time to travel
- Claim payments will be made by 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 your claim is settled we will provide a full breakdown of our assessment

Claim Reference Number

TRAVEL DELAY AND MISSED DEPARTURE

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			Date of Birth	DD / MM / YYYY					
Address									
/ tauress									
			Postcode						
Home Telephone No			Work Telephone No						
Mobile Telephone No)		Occupation						
Email Address									
POLICY DETAILS									
Policy Number			Date of Purchase	DD / MM / YYYY					
Purchased from:			<u>-</u>						
Lead Name on Policy	(If differen	t from claimant)	Relationship to cla	imant					
		different to claimants:		Yes No					
If Yes, please provide									
	Postcode								
TRAVEL DETAILS									
Country of Destinatio	n								
Date Trip Booked		DD / MM / YYYY	<u>, </u>						
Departure Date		DD / MM / YYYY	Patricia Patri	DD / MM / YYYY					
Type of booking:	·	Package Holiday	Independent						

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DETAILS OF	DELA	Y								
Cause of Delay										
Total Length of Delay										
Name(s) of all people claiming who are insured under this policy										
Original pre	booke	d journey (details:							
From				То			Flight / Route Number			
Departure da	ate		DD / MI	M / YYYY	Dep	parture time	нн:мм			
Replacemen	t jourr	ey details:	:	1 1			\neg			
From				То			Flight / Route Number			
Departure da	ate		DD / MI	M / YYYY	Dep	parture time	нн:мм			
Refund / Alte	ernativ	e flight off	ered			YES / NO				
If yes, please	provid	de details:								

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DEPARTURE DETAILS:											
Time of scheduled departure Place of departure											
Cause of delay: Please Tick											
Delay to public transport: (please enclose written confirmation of the delay from the service provider)											
Operator Route											
Scheduled	journey time			Cause							
Breakdown of the private vehicle you were travelling in: (please enclose garage report)											
Length of journey HH:MM Time you left home HH:MM Estimated arrival time HH:M											
Assident in	volving the vehicle	vou word trav	colling in	(plassa anglasa aga	ident report in	oc third party dat	ails)				
	volving the vehicle		_			Г	alis)				
Length of j	ourney HH:M	_м I Ime y	ou left ho	оте	_{:MM} Estimat	ed arrival time	H H : M M				
Missed UK	connection: (please	enclose origi	nal unuse	ed tickets / invoice)		_	1				
Scheduled	international arriva	l time	H H : M	1M Ac	tual internation	nal arrival time	H H : M M				
Method of	UK transport misse	d		Sc	heduled UK tim	e of departure					
Additional travel expenses:											
-		_									
Additional travel exp Method	enses: Operator	From	То	Cost	Receipted (Y/N)	Refund / Alterna from original ope					
-		From	То	Cost							
-		From	То	Cost							
-		From	То	Cost							
_		From	То	Cost							
_		From	То	Cost							
Method	Operator	From	То	Cost							
Method Additional accommo	Operator dation expenses:		То		(Y/N)	from original ope	erator				
Method	Operator	From	То	Cost Check Out		from original ope					
Method Additional accommo	Operator dation expenses:		То		(Y/N)	from original ope	Receipted				
Method Additional accommo	Operator dation expenses:		То		(Y/N)	from original ope	Receipted				
Method Additional accommo	Operator dation expenses:		То		(Y/N)	from original ope	Receipted				
Method Additional accommo	Operator dation expenses:		То		(Y/N)	from original ope	Receipted				

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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 th	e boxes to conf	firm you agree with th	e followi	ng statemen	nts:				
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)	X			Х	Date		DD /	MM / YY)	ΥY	

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.

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