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 Cancellation 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 to confirm the full costs, deposits paid and date of booking ☐
- If claiming for abandonment, we require a tour operator's cancellation invoice and a written report from the carrier, confirming the reason for and length of delay ☐
- A cancellation invoice or no show letter for your trip confirming the cancellation, the date of notification of cancellation, total cost of the trip and amount that you have been refunded. Please note that your policy excludes costs such as airport taxes. You should obtain a refund from your carrier for such charges. Please refer to the cancellation section of your policy wording for full details ☐
- If the claim is due to bereavement, we will need to see the death certificate which will of course be returned; however, we will also require the completion of a Medical Declaration from the GP of the person whose death has given rise to the claim ☐
- Correspondence received from us following any medical declaration made to us in the past ☐
- We request details of other insurances 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 policyholder may enjoy. Please ensure you complete the Details of Other Insurances section of your claim. Important – please do not enter “current account” we need to know the LEVEL of account ☐

Please read these important notes:

- When cancelling for medical reasons and or bereavement, it is essential that the two page medical declaration is completed in full, with each of the specific questions answered. In some cases we will require further medical information. Please note that any costs incurred for the requested medical information are to be borne by you as the claimant, as per the terms and conditions of your policy
- The policy excess as defined in your policy will be deducted from each and every claim per insured person (unless you have paid the excess waiver premium). This means each insured person due to travel and also each section if the claim falls under more than one, regardless of whether all the costs result from one incident
- Claim payments will be made by BACS transfer, which takes much less time - please complete 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

Change in health:

If your medical conditions have recently changed, may we remind you that you must contact the Medical Screening Helpline by telephone to declare the condition(s) and ensure that the cover will meet your needs. You will be asked further questions about the condition(s) and an additional premium may be payable to cover the declared condition(s), and / or further terms may be imposed.

Failure to declare ALL Pre-existing Medical Conditions that are relevant to the insurance may invalidate the policy and future claims may be declined.

Claim Reference Number

CANCELLATION

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

Address

Postcode

Home Telephone No

Work Telephone No

Mobile Telephone No

Occupation

Email Address

POLICY DETAILS

Policy Number

Date of Purchase

Purchased from:

Lead Name on Policy (If different from claimant)

Relationship to claimant

Is policy / lead name and address different to claimants: If Yes, please provide below: Yes No

Surname

First Name

Address

Postcode

TRAVEL DETAILS

Country of Destination

Date Trip Booked DD / MM / YYYY

Departure Date DD / MM / YYYY

Return Date DD / MM / YYYY

Type of booking: Package Holiday Independent

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.

Name of Bank / Building Society

Type of Account (eg Platinum / Gold / Premier)

Sort Code | Account Number

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

CLAIM DETAILS

Total cost of trip | Refunds given

Total amount claimed (as shown on your cancellation invoice(s))

Winter Sports | State Winter Sport / Activity

Names of people insured under this policy who are cancelling and their relationship to the policyholder:

	Name	Date of Birth	Relationship to policyholder	Medical screening reference if applicable
1				
2				
3				
4				
5				
6				

Please note this policy only covers cancellation charges you have had to pay. The insurance premium is not refundable. If the total cost of the holiday has been paid to the tour operator then a part refund may be made by them. Your policy only covers the part not refunded by them.

NON-MEDICAL CANCELLATION DETAILS

Please tell us the date and by whom you were advised to cancel your trip

Please tell us the date that you told the tour operator or travel agent that you wished to cancel (DD/MM/YYYY)

Reason for cancellation (Please provide official documentation in support of this ie: Police Report / Redundancy letter)

CANCELLATION ON MEDICAL GROUNDS

Was it your own health that caused the cancellation of your trip Yes ☐ No ☐

If no, what is the name of the person whose medical condition resulted in this claim?

What is your relationship to this person?

Was this person due to travel on the planned trip with you? Yes ☐ No ☐

Details of any third party involved including contact number and insurance details:

MEDICAL DECLARATION FOR AN INSURED PERSON

If this claim is related to a person insured under this policy then please complete this section (Pages 4 & 5). If this claim is due to a close relative, travelling companion who is not insured under this policy or person with whom you intend to stay then please complete the medical declaration for a non-insured person (Page 6).

Name of Patient

Booking Date DD / MM / YYYY Date insurance was purchased DD / MM / YYYY

This section should be completed by your GP in relation to the medical condition which necessitated your claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested. (Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Are you a GP at the patient's regular practice? Yes ☐ No ☐

Were you consulted in relation to the patient's intention to travel? Yes ☐ No ☐ If yes, Date DD / MM / YYYY

If yes, did you consider the patient fit to travel? Yes ☐ No ☐

If no, please state reason

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a) (b)

Date of first consultation for the condition(s)? DD / MM / YYYY

Date of diagnosis of the condition(s)? DD / MM / YYYY

Date cancellation was recommended? DD / MM / YYYY

At the time of issue of the insurance (see above) was the patient fit to undertake the planned trip and not planning to travel against the advice of a Medical Practitioner? Yes ☐ No ☐

At the time of issue of the insurance (see above), did the patient have any symptoms for which he/she was awaiting investigations/consultation, and/or where the underlying cause had not been established)? If yes, provide full details below. Yes ☐ No ☐

MEDICAL DECLARATION FOR A NON-INSURED PERSON

If this claim relates to a close relative, travelling companion who is not insured under this policy or person with whom you intend to stay then please complete this section (Pages 6).

Name of Patient

Relationship to the policyholder

Booking Date DD / MM / YYYY

Date insurance was purchased DD / MM / YYYY

This section should be completed by the Non-Insured person's GP in relation to the medical condition which necessitated the claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested. (Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Are you a GP at the patient's regular practice? Yes ☐ No ☐

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a)

(b)

Date of first consultation for the condition(s)? DD / MM / YYYY

Date of diagnosis of the condition(s)? DD / MM / YYYY

Date cancellation was recommended? DD / MM / YYYY

Prior to the date the insurance was purchased did the patient:

(a) require surgery, inpatient treatment or hospital consultation? DD / MM / YYYY

(b) require any form of treatment or prescribed medication? DD / MM / YYYY

Was the patient on a waiting-list for or had knowledge of the need for surgery, inpatient treatment or investigations at any hospital or clinic when the insurance was purchased? If yes, list below Yes No

Did the patient receive a Terminal Prognosis when the insurance was purchased? Yes No

Signature(s) Date DD / MM / YYYY

GP Stamp **(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)**

MEDICAL DECLARATION FOR AN INSURED OR A NON-INSURED PERSON CONTINUED

Had the patient been prescribed any medication, received any treatment, or attended any consultations, investigations or follow-ups/check-ups (with any medical practitioner) for ANY medical or psychological conditions **in the 2 years** prior to the date of issue of the insurance?

Date of onset	Specific nature of complaint	Treatment / Medication	Duration

Has the patient **EVER** had any treatment for any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised lipids, stroke, aneurysm)?

Date of onset	Specific nature of complaint	Treatment / Medication	Duration

If the claim arose from a complication of pregnancy please confirm:

(a) the diagnosed complication

(b) the date the pregnancy was confirmed DD / MM / YYYY

(c) the estimated date of delivery DD / MM / YYYY

Signature(s)

Date DD / MM / YYYY

GP Stamp

(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)

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 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** | | **X** | Date | DD / MM / YYYY

Data Protection

Personal Data provided in this claim form or submitted as part of this claim will be used and processed by us in line with our Data Protection Privacy Notice which can be found in the latest published version of your Policy Wording, or which can be requested from us at any time.