



## 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 Accident 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
- Where the claim follows death -
  - The death certificate
  - Grant of Probate or letters of administration
  - Coroner's report where applicable
  - Copy findings of inquest if applicable
  - The Police Report if applicable

### Please read these important notes:

- Upon receipt of the completed medical declaration section of the claim form, we may require additional medical information. Please also be advised 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
- Please note that the policy does not offer compensation for all types of injury; it pays benefit only in the event of the specific and severe types of trauma listed. Please refer to your policy for full details
- 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



Claim Reference Number

# PERSONAL ACCIDENT

## 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"/> |
| 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"/>     |
| 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"/><br>DD / MM / YYYY   |             |  |
| Departure Date         | <input type="text"/><br>DD / MM / YYYY   | Return Date | <input type="text"/><br>DD / MM / YYYY |
| Type of booking:       | Package Holiday <input type="checkbox"/> | Independent | <input type="checkbox"/>               |

**INCIDENT DETAILS**

Incident date

Describe the circumstances surrounding the claim, including all relevant dates, places and what you / the injured person were doing at the time.

Date doctor first consulted

Was there another party involved that caused the accident?

Yes  No

If yes, please provide name, address and motor insurance details where appropriate:

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:

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

When you / the injured person were abroad did you / he / she contact the Intana 24-Hour Emergency Service?

Yes  No

Date

Time

Medical Claim Reference (if appropriate)

**MEDICAL DECLARATION**

This section should be completed by the regular medical practitioner of the person whose death or injury is the reason for this claim. Any fee charged for the completion of this form must be paid by the claimant.

(Doctors please write in **BLOCK** capitals and validate with surgery stamp. **Please complete all questions**).

Name of Patient

Are you the patient's regular GP?

Yes

No

If no, please state relationship

Precise nature of injury / cause of death (if limb or eye, please state left or right):

Date of injury / death?

What treatment was received?

When did the patient first consult you with regard to this condition?

Is there anything in the medical history that could have contributed to the level of disability, injury or death?

Yes

No

Does the disability prevent the patient from being able to undertake any type of work?

Yes

No

If so, is this situation likely to change or improve?

Yes

No

Was the patient on medication?

If Yes, please provide details:

Yes

No

Signature(s)

Date

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                    | <input type="text"/>   |
| Type of current account                   | <input type="text"/> eg Platinum / Gold / Premier  |
| Name / Address of Bank / Building Society | <input type="text"/>   |
| Sort Code                                 | <input type="text"/> <input type="text"/> <input type="text"/>   |
| Account Number                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

### 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:

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Postcode             | Telephone 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.