



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

Important Information

- **Original documents** need to be supplied.
We recommend that you retain copies of all documentation forwarded to us.
- Please ensure that all questions are completed in full in BLOCK CAPITALS.

Note: If the information and documentation required is not provided your claim will not be processed. If you are unable to provide the documentation required, you need to provide a written explanation.

The following documentation is required as part of your claim.

Please insert ✓ to indicate that documentation has been included.

Evidence of insurance	Insurance certification or details of insurance. These may be supplied with your booking itinerary / invoice.	<input type="checkbox"/>
Completed claim form	Fully complete each section that is relevant to your claim and ensure you have signed the claim form.	<input type="checkbox"/>
Booking details	A booking invoice confirms the departure and return dates and the date of booking.	<input type="checkbox"/>
Receipts / Invoices	Original receipts / invoices for expenses incurred and for which you are claiming.	<input type="checkbox"/>
Police report	If there has been police involvement a policy report / police contact details / police reference number details need to be obtained where applicable.	<input type="checkbox"/>
Medical report	In the case of a personal liability claim where medical information has been supplied.	<input type="checkbox"/>
Property owner report	In the case of a public liability claim where damage has been caused to property a report from the property owner detailing the incident needs to be supplied.	<input type="checkbox"/>

PERSONAL / PUBLIC LIABILITY

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



Intana, Collinson Insurance Services Limited,
 Claims Department, IDA Business Park, Athlumney, Navan, Co. Meath, Ireland

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 address different to claimants: Yes No

If Yes, please provide below:

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: Packaged 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.

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	<input type="text"/>
Type of current account	<input type="text"/> eg Platinum / Gold / Premier
Name / Address of Bank / Building Society	<input type="text"/>
IBAN	<input type="text"/>
SWIFT BIC	<input type="text"/>

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.

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 type="text"/>	<input checked="" type="checkbox"/>	Date	<input type="text"/>
--------------	-------------------------------------	----------------------	-------------------------------------	------	----------------------

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.