



## 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

## TRAVEL DELAY

### 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.

<b>Evidence of insurance</b>	Insurance certification or details of insurance. These may be supplied with your booking itinerary / invoice.	<input type="checkbox"/>
<b>Completed claim form</b>	Fully complete each section that is relevant to your claim and ensure you have signed the claim form.	<input type="checkbox"/>
<b>Booking details</b>	A booking invoice confirms the full costs, deposits paid and date of booking.	<input type="checkbox"/>
<b>Report from the carrier</b>	Written report from the carrier confirming the delay, detailing the reason for the delay and providing information regarding any arrangements made by the carrier, including the time of the next available flight / sea-crossing etc.	<input type="checkbox"/>
<b>If the claim is as a result of a car breakdown</b>	Provide garage report detailing breakdown assistance provided. If assistance was not provided by a garage please provide garage report showing subsequent repairs completed after the event.	<input type="checkbox"/>
<b>Additional Expenses</b>	Receipts for additional expenses incurred following missed departure.	<input type="checkbox"/>

Claim Reference Number

# TRAVEL DELAY AND MISSED DEPARTURE



**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	<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"/>		
	DD / MM / YYYY		
Departure Date	<input type="text"/>	Return Date	<input type="text"/>
	DD / MM / YYYY		DD / MM / YYYY
Type of booking:	Packaged Holiday <input type="checkbox"/>	Independent	<input type="checkbox"/>

**DETAILS OF DELAY**

Cause of Delay

Total Length of Delay

If destination changed because of delay, please give details

<u>Original</u> Airline / Ferry Operator / Similar		<u>Actual</u> Airline / Ferry Operator / Similar	
From		From	
To		To	
Flight Number		Flight Number	
Departure Date		Departure Date	
Departure Time		Departure Time	

If your journey consisted of more than one flight, please list all flight routes and numbers.

(Please note that the Travel Delay Benefit only applies to your first outward flight or your final inward flight)

Name(s) of all people claiming who are insured under this policy	

Refund / Alternative flight offered

If you were refunded for any unused element of your ticket please indicate the amount refunded

If yes, please provide details:

**MISSED DEPARTURE DETAILS:**

Time of scheduled departure  Place of departure

**Cause of Missed Departure:** Please Tick

Delay to public transport that resulted in you missing your flight: (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 that resulted in you missing your flight: (please enclose garage report)

Length of journey  Time you left home  Estimated arrival time

Accident involving the vehicle you were travelling in that resulted in you missing your flight: (please enclose accident report, inc third party details)

Length of journey  Time you left home  Estimated arrival time

**Additional travel expenses:**

Method of Transport	Operator	From	To	Cost	Received (Y/N)	Refund / Alternative offered from original operator

**Additional accommodation expenses:**

Accommodation Provider	Location	Arrival	Check Out	Cost per night (room only)	Received (Y/N)

**Please note** – un-receipted expenses will not be considered

## 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. The information provided with this claim may be shared with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud. 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"/> DD / MM / YYYY
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## 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.