



Guidance Notes For Winter Sports Equipment 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
- Original receipts or invoices for the items you are claiming as evidence of value and ownership. If your ski equipment was hired, documentation confirming the hire agreement
- In respect of claims for ski equipment delay, we require a letter from the carrier confirming the delay
- In respect of claims for ski equipment damaged or lost by the airline, we need a property irregularity report (PIR) which must be obtained at the airport as well as luggage recovery tags. We will also require evidence of the damage and an estimate of repair or a letter from a retailer confirming that the item is beyond economic repair if applicable
- In respect of claims equipment damaged whilst in use, we will require evidence of the damage and an estimate of repair or a letter from a retailer confirming that the item is beyond economic repair if applicable
- In respect of claims for lost / stolen equipment and lost / stolen ski passes, it is a condition of the policy that all losses are reported to the local police or relevant authority within 24 hours and a written report obtained and submitted with your claim

A COLLINSON GROUP COMPANY

Intana, IDA Business Park, Athlumney, Navan, Co.Meath, Ireland.

Claim Reference Number

WINTER SPORTS LUGGAGE

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

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

IBAN

SWIFT BIC

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

DESCRIPTION OF INCIDENT

Date & time of incident DD / MM / YYYY HH : MM

Date & time you became aware of loss / damage? DD / MM / YYYY HH : MM

If claiming luggage delay, please state the date and time your luggage was returned DD / MM / YYYY HH : MM

Was the Incident Reported? Yes No

Please provide details of who the incident was reported to, or if it was not reported then please explain why

Please describe in detail the circumstances of the incident including the build up and events following the event (Including all times and locations)

State Winter Sport / Activity

Was the Winter Sport / Activity carried out on piste or off piste?

On piste

Off piste

DESCRIPTION OF PROPERTY LOST, DAMAGED, STOLEN OR *ESSENTIAL PURCHASES

(* In regards to luggage delay claims only)

Full details of item	Name of owner	Purchase price	Date of purchase	Place purchased	Method of payment	Received (Y / N)

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)

X		X
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 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.