

# Notification Form



Once completed, please return your claim form to:

Intana  
Sussex House  
Perrymount Road  
Haywards Heath  
West Sussex  
RH16 1DN

**Thank you for notifying us of your claim.**

Please complete this claim form and return it to Intana as soon as possible.  
Please write in BLOCK CAPITALS.  
Please provide full supporting documentation to avoid delays in processing your claim.

**Company Details (The Assured)**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

**Claimant Details (The Insured Person)**

Title	Full Name(s)	Date of Birth	Position Held

# Notification Form



Claimant Address:

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Postcode:

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Email Address:

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Telephone Number:

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Fax Number:

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Country of Residence:

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Certificate Number:

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Insurance Broker/Employer:

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## Travel destination:

Country:

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Resort:

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Hotel:

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Departure Date:

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Return Date:

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Purpose of trip:

Business  Pleasure

If Business:

Clerical  Manual

If Manual please provide details of nature of work:

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# Notification Form



If your claim is agreed, please complete the payment details below:

Bank account (UK bank accounts only):

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Type of Account (Premier, Gold, Platinum etc): \_\_\_\_\_

# Travel Delay & Missed Departure Claim Form



Please confirm the reason for your delayed departure: Please tick  and obtain a letter from the airline to confirm this

Strike  Industrial Action  Weather Conditions  Mechanical/Technical  Other

If Other, please provide details: \_\_\_\_\_

1. State scheduled date and time of departure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_
2. State actual date & time of departure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_
3. Number of hours delayed \_\_\_\_\_

Please confirm if your delay occurred:

4. On your outbound/ return flight from/to your country of residence Yes  No
5. On a connecting flight Yes  No
6. Amount Claimed £ \_\_\_\_\_

## Missed Departure/ Journey Continuation

Please confirm the reason for your missed departure: Please tick box:

Accident/ electrical or mechanical breakdown  Exceptional/ Unforeseen traffic conditions  Other

If Other, please provide detail: \_\_\_\_\_

Report obtained from the appropriate authority confirming reason for missed departure provided (i.e. Highway Agency, breakdown recovery) Yes  No

Please list expenses incurred in reaching your booked destination:

Expenses claimed i.e. Flight / Train / Ferry / Accommodation	Expenses claimed	Receipts/ Invoices supplied	Office Use Only
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

# Travel Delay & Missed Departure Claim Form



Yes  No

Yes  No

Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim?

Yes  No

If **YES**, please confirm the following:

Card number:

Issuing Bank:

Card Type (Gold, Platinum, Premier):

Has a claim to a third party been submitted?

Yes  No

If **YES**, please provide details:

Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex

Yes  No

If **YES**, please provide details:

If the claim is in relation to injury please confirm the following:

1. An outline of the circumstances giving rise to the accident

# Travel Delay & Missed Departure Claim Form



2. If a third party was involved the name and address of the Third Party and their insurance details if known

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3. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and their reference number

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4. If no Third Party was involved please clarify who or what was at fault and why

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If your claim is agreed, please provide your banking details below for payment:

Confirm payee name:

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Bank Name:

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Bank Address:

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Bank SWIFT Code:

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Bank IBAN:

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Account Number:

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Sort Code:

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Account Holder:

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# Travel Delay & Missed Departure Claim Form



Type of Account (Premier, Gold, Platinum etc): \_\_\_\_\_

## DECLARATION

**IMPORTANT- Failure to sign will result in your claim form being returned.**

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

## DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/we understand that you may ask for information from other organisations to check the answers I/we have provided.

## IMPORTANT

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_