

Notification Claim Form



Type Of Claim: _____

Contact Number: _____

Email Address: _____

Postal Address: _____

Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim form:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____
 - f) _____
4. Please post the completed claim form along with any attachments to:

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

Policy Information:

Policy Number: _____

Purchased from: _____

Type of Policy: _____

Dates covered: _____

Additional Cover: _____

Notification Claim Form



Medical Conditions:

Endorsements:

Claimant Details:

| Full Name: | Date of Birth: | Job Title: | Nationality: | Place of Birth: |
|------------|----------------|------------|--------------|-----------------|
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Travel Details:

Date of booking the trip:

Departure Date:

Return Date:

Destination Country:

Purpose of trip:

What are you claiming for?:

Amount:

£

Winter sports baggage



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.

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:

Date:

___/___/___

Name of Bank/ Building Society

Type of Account

Sort Code

Account Number

Winter sports baggage



Did you pay for your trip with a credit card?

Yes No

Card No.

If yes, please advise type?

Issuer

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

Are any of the items claimed for covered by any other warranty?

Yes No

Warranty Details

Winter sports baggage



Description of incident

Date and time of incident

__/__/__

:

Date & time you became aware of loss/damage?

__/__/__

:

If claiming luggage delay, please state the date and time your luggage was returned

__/__/__

:

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)

Winter sports baggage



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) |
|----------------------|---------------|----------------|------------------|-----------------|-------------------|----------------|
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Winter sports baggage



Unused ski pack

| Name(s) of all people claiming who are insured under this policy | |
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Lessons (per adult) £ _____

Lessons (per child) £ _____

Equipment Hire (per adult) £ _____

Equipment Hire (per child) £ _____

Ski Pass (per adult) £ _____

Ski Pass (per child) £ _____

Total cost of ski pack (per adult) £ _____

Total cost of ski pack (per child) £ _____

Date ski pack started _____ / _____ / _____

Date ski pack scheduled to expire _____ / _____ / _____

Date and time unable to use ski pass from _____ / _____ / _____ :

Winter sports baggage



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 is 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

Type of current account (e.g/ Platinum/Gold/Premier)

Name/address of bank/building society

Account No.

Branch sort code

If you require payment by cheque, to whom should settlement be made? (Please note this will take more time than a BACS transfer)

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:

Winter sports baggage



Postcode

Telephone Number

DECLARATION

I/We confirm that the facts stated in this form to be true and accurate to the best of My/Our knowledge. I/We understand that the information provided in relation to this claim may be shared with other insurers of financial institutions for the purposes of dealing with this claim and eliminating insurance fraud. I/We give authority to the insurers and their representatives to contact My/Our medical practitioners for any additional information.

I/We confirm that I/We give authority for you to approach any third party who holds information relating to the incident giving rise to this claim, and I/We hereby authorise any such third party to release such information to you to assist in the investigation and resolution of My/Our claim.

I/ We hereby grant Intana (as agent for the underwriter) full rights of subrogation in respect of any payments made on My/Our behalf. I/ We further agree to fully co-operate with any such recovery efforts from liable third party or parties.

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:

Date:

___/___/___