

# 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



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Medical Conditions:

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Endorsements:

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## Claimant Details:

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

## Travel Details:

Date of booking the trip:

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Departure Date:

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Return Date:

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Destination Country:

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Purpose of trip:

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What are you claiming for?:

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Amount:

£

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# Winter sports piste closure



## 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 piste closure

Cause of piste closure

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Period you were unable to ski:

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From:

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\_\_\_/\_\_\_/\_\_\_

:

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To:

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\_\_\_/\_\_\_/\_\_\_

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

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Please provide details of any additional travel or list pass costs incurred as a result:

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# Winter sports piste closure



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## Additional travel expenses

Method	Operator	From	To	Cost	Received	Refund/Alternative offered from original operator

# Winter sports piste closure



## Additional accommodation expenses

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

## Settlement details

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)

# Winter sports piste closure



## 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:

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