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CLAIM FORM

FREQUENTLY ASKED QUESTIONS

Q: How long will it take for me to receive a response to my claim?

A: We are committed to provide a quality service, our claims team will review the documentation supplied and will contact you as soon as possible. To avoid delays please ensure that you provide us with all the relevant documentation required to process your claim.

Q: Do I need to send original documentation with my claim?

A: The original documentation we require are invoices and receipts required to support your claim and we suggest that you keep photocopies of every item you send us. Please note all costs incurred obtaining documentation should be borne by you.

Q: I do not have all the documents you require; can I proceed with my claim?

A: It is a requirement of your policy that you provide full details when making a claim. You can still submit your claim with an accompanying letter explaining the reasons why you are unable to supply the required documents, but without all relevant documentation we cannot guarantee that the claim can be processed.

Q: Where can I get my Insurance Certificate?

A: If you are not already in possession of these documents you can request them directly from wherever you purchased the Policy. Failing this, please let us know and we may be able to help obtain this.

Q: Where can I get my Booking Invoice?

A: You can obtain this from the Travel Agent, Tour Operator, or if you have booked directly, a copy of the email / invoice from the Travel / Accommodation Provider.

Q: How will claim payments be made?

A: Payments can be made by BACS transfer. Please complete the claim form accordingly. It will be made in the currency your policy is issued in.

Vhi MultiTrip



Q: I'm not clear on how settlement has been reached; what should I do next?

A: We suggest that you first refer to your policy as limits, exclusions, depreciation or excesses may apply. If you remain unclear with the settlement you should contact our Travel Claims Unit. Alternatively you can write to us at the address provided on the Claim Form – please mark 'Appeal' on the envelope. The claim will be reviewed and you will then be advised of your further options. If you are still not happy with the outcome you may then take the issue further as a formal complaint.

Q: Where do I write to?

A: Please ensure that all documentation includes your Claim Reference Number and is sent to the relevant address provided on the Claim Form.

Guidance Notes, Personal Accident

Please submit originals of all the following - photocopies are not acceptable. We recommend that you keep copies of everything you send us for your own records:

- The booking invoice for your trip

- Where the claim follows death

- The death certificate
- Grant of Probate or letters of administration
- Coroner's report where applicable
- Copy findings of inquest if applicable
- The Policy Report if applicable

Please note that the policy does not offer compensation for all types of injury; it pays benefit only in the event of the specific and severe types of trauma listed. Please refer to your policy for full details.

- Claim payments will be made by BACS transfer. It will be made in the currency of your residency

Personal accident claim form



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.

Completed claim form	Fully complete each section that is relevant to your claim and ensure you have signed the claim form.	<input type="checkbox"/>
Booking details	A booking invoice confirms the departure and return dates of the booking	<input type="checkbox"/>
If the claim is made as a result of the death of the insured	<ul style="list-style-type: none"> ■ The death certificate <input type="checkbox"/> ■ Grant of probate of letters of administration <input type="checkbox"/> ■ Coroner's report where applicable <input type="checkbox"/> ■ Copy findings of inquest if applicable <input type="checkbox"/> ■ The police report if applicable <input type="checkbox"/> ■ Medical records in the event of disablement, loss of limb, loss of sight <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 1: Personal details

Title Mr/Mrs/Ms/Miss/Other

First Name

Surname

E-mail address

Date of Birth DD/MM/YY

Full address

Postcode

Contact number (daytime)

Contact number (evening)

Occupation

Policy number

Policy issue date DD/MM/YY

Date trip was booked

Departure date DD/MM/YY

Country of destination

Original return date DD/MM/YY

Actual return date DD/MM/YY

Name & contact details of travel agent / tour operator

Purpose of Trip

Business

Pleasure

Section 2: 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, Standard)

Name & address of
bank / building society

BIC

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IBAN number

(This number appears on the top right
hand corner of your bank statement)

Section 3: Detailed incident information

Were you / the injured person being treated for any medical condition prior to your trip?

Yes

No

If **YES**, please provide details

Incident date

What action was involved, e.g. fall, struck by moving object

What object, machine, substance was involved, e.g. vehicle, water on ground making surface slippery

Please provide details of the physical location where the personal accident took place, e.g. swimming pool, escalator

Date doctor first consulted

Was there another party involved that caused the accident?

Yes

No

If **YES**, please provide name, address and motor insurance details where appropriate

Were the police involved?

Yes

No

If **YES**, please provide their report or the name, address and telephone number of the police station involved

Witness name and address where available

Please describe as fully as possible the nature of the injuries sustained or damage caused

Did you contact your Private Medical Insurance Provider?

Yes

No

Date

Time

Where appropriate please supply medical claim reference

Section 4: Medical declaration

Name of patient

Date of birth

Are you the patient's regular medical doctor?

Yes

No

If **NO**, please state relationship

Precise nature of injury / death. (if arm, foot or eye, please state left or right)

Date of injury / death

Provide details of what treatment was received

When did the patient first consult you with regard to this condition

Is there anything in the medical history that could have contributed to the death or to the level of disability, injury?

Yes

No

If **YES**, please provide full medical details.

Does the patient's disability prevent him / her from engaging in his / her usual occupation now or at any time in the future?

Yes

No

Does the patient's disability prevent him / her carrying out non-physical occupations?

Yes

No

If **YES**, to either of the two questions above, please provide details

Signature

Date

Official Medical Provider Stamp

Section 5: Personal Declaration

Data Protection Statement

In order to adjudicate on your claim, Vhi and Intana will process the personal data you have provided on this form, together with any personal data that you have authorised third parties to provide to us. Certain processing of your personal data is required in order for us to adjudicate on your claim and for us to be able to operate the business of providing travel insurance policies.

Vhi Healthcare DAC of Vhi House, Lower Abbey Street, Dublin 1 ("Vhi"), and Collinson Insurance Solutions Europe Limited trading as Intana, of IDA Business Park, Athlumney, Navan, County Meath ("Intana"), and the Insurer are the companies that control and are responsible for processing the personal data in relation to your claim. We will process your personal data in accordance with the Vhi Data Protection Statement which has previously been provided to you. If you would like another copy of the Vhi Data Protection Statement it is available at Vhi.ie, or you can request a copy by calling us on **(056) 444 4444** or **1890 44 44 44**.

Obtaining Additional Information

In order to process and to establish the eligibility and appropriateness of your claim we will, **as appropriate**;

- Contact the facility and your treating practitioners (including, where relevant, your GP) on your behalf to request a copy of all necessary information including, if requested, copies of the facility/medical records relating to the treatment and/or services received by you as part of this claim.
- Approach any third party who holds information relating to the incident giving rise to this claim and obtain from them such information as is required to assist in the investigation and resolution of this claim.
- Share information with other insurers or financial institutions for the purposes of dealing with this claim and eliminating insurance fraud

Please deal solely with myself in respect of this claim

Or

Authorisation for Broker/Other Third Party - *optional*:

I hereby authorise (name of broker or other 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.

Declaration

I declare that the information completed above at the time of signing this declaration is true in every respect.

I authorise Intana on behalf of the Insurer to pay the appropriate benefits, for services provided, to the treatment facility and medical practitioners concerned. I understand that the details of these amounts will be included in my settlement statement and I will contact Intana directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the treatment facility/medical practitioner concerned.

Important – you must sign here:

Patient's (or Parent/Legal Guardian if patient is under 18 years)* Signature

Date

*For claims in relation to a dependant under 18 years at the time of signing this form, please note that all correspondence and relevant payments will be made to the policyholder.

Please check that you have entered your Policy Number.

Please note that the address you provide is purely for data validation purposes. If you need to update your contact details or membership/personal data, please contact our Customer Services Helpline at (056) 444 4444 or 1890 44 44 44.

Check List

If all requested information is not supplied we will not be able to process your claim.

Before submitting your claim please ensure:

- All relevant documentation outlined on page 1 has been submitted with this claim.
- All supporting documentation are originals (we recommend that you retain copies).
- This claim form has been fully completed and signed.

Please return your completed form and supporting documentation to:

Vhi Travel Claims, Intana, Collinson Insurance Solutions Europe Limited, IDA Business Park, Athlumney, Navan, Co. Meath, Ireland



Collinson Insurance Solutions Europe Limited Reg. No. C89980. Registered Office. Third Floor, Development House, St Anne Street, Floriana, FRN 9010, Malta. Collinson Insurance Solutions Europe Limited, trading as Intana is incorporated in Malta and is enrolled in the Insurance Agents List to act as Insurance Agent in terms of the Insurance Distribution Act (Cap. 487) and is regulated by the Central Bank of Ireland for conduct of business rules.

