

CISV Travel Insurance Claim Form Applicable from the 2023 Programme Year

Please use this form to make an insurance claim relating to the CISV Travel Insurance. **If there is more than one claimant, complete and return a copy of this page for each claimant. All claims are handled by a company called Intana.**

Please complete all sections of this claim form and note the instructions for additional required documents.

When this form is completed, please sign the declaration below and, **return it directly to Intana, Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN, England.** It is acceptable to fax or to scan and send everything electronically.

Tel: + 44 1444 442 204 (dedicated CISV line)

Claims Fax: +44 (0)1444 410 527

Claims Email: CISVclaims@intana-assist.com

POLICY DETAILS

Claim for CISV Insurance Policy B0702RU020330r	
Claim Number, if you have already started a claim	

INSURED PERSON'S DETAILS

Insured Person's name	
Insured Person's gender	
Insured Person's date of birth (day/month/year)	

Home Address Numbers & Street			
Town/City			
Area/State/Province			
Country		Postcode/Zip code	
	Country Code	Area Code	Local Number
Tel			
Mobile Number			
E-mail			

Insured person's home National Association and Chapter	
CISV Programme Reference Number (e.g. V-2023-001)	
Host Country of the Programme	
Start date of travel to the programme (day/month/year)	

End date of travel from the programme (day/month/year)	
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CLAIMANT'S DETAILS (if different from insured person above e.g. if a parent or guardian is making the claim for their child)

Bank Account in the name of			
Bank Name			
Bank Address			
Bank Account Number (Clave (CBU)/Clabe if applicable)		Bank IBAN number	
Bank Branch Code (Sort / BIC / Swift BSB / IFSC codes as applicable)			
Tax ID (If applicable)			

FINANCIAL INFORMATION FOR CLAIM:

Currency:		Total amount you are claiming:	
Amount paid to date:		Attach all invoices or receipts:	

DETAILS OF THE INCIDENT

Date of incident/loss (day/month/year)	
Place of incident (City and Country)	

<p>Give a brief description of incident or loss The box will expand as you type but feel free to attach additional pages as needed. If you do, please be sure to put your name and date of birth on each page indicating that this related to your claim.</p>

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OTHER SPECIFIC STEPS

<p>If the claim is for flight cancellation, baggage lost or damaged in transit, did you file a claim with the carrier? (Yes/No) Note that a carrier claim is required</p>	
<p>If the claim is for theft of property or personal liability, did you notify the police? (Yes/No) Note that notification is required for theft</p>	

Please attach the following data/forms required by Intana to process your claim:

<p>Medical & Accident Expenses</p> <ul style="list-style-type: none"> • Completed CISV Travel Insurance Claim form • Completed CISV Health Form • Completed CISV Legal Form • Treating Physician’s Report • Invoices/ receipts 	<p>Personal Liability Claim</p> <ul style="list-style-type: none"> • Completed CISV Travel Insurance Claim Form • Invoices/ receipts • Police Report (if appropriate)
<p>Baggage Claim</p> <ul style="list-style-type: none"> • Completed CISV Travel Insurance Claim form • Carrier’s Report (for baggage lost / damages in transit) • Police Report (for stolen property). • Invoices/ receipts 	<p>Cancellation Claim</p> <ul style="list-style-type: none"> • Completed CISV Travel Insurance Claim Form • Invoices/ receipts for airline tickets and cancellation fee • Carrier’s Report (for trip cancellation) • CISV International memo if the event / programme has been cancelled due to security issues
<p>Travel Delay</p> <ul style="list-style-type: none"> • Original booking invoice or e-ticket • Written confirmation from the transport carrier of the reason for the delay • Evidence of the actual travel date and time for the ship, aircraft or train, such as an e-ticket, ticket stub or written confirmation from the transport carrier 	<p>Personal Accident</p> <p>Accidental Death</p> <ul style="list-style-type: none"> • Death Certificate • Police report <p>Disablement</p> <ul style="list-style-type: none"> • Refer to Intana Claims Team

Note: In ALL cases documents must be supplied with the Claim Form at the Claimant's expense. Failure to do so will delay the processing of your claim and could result in it being declined. Scans are acceptable.

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. In the event that I/we provide any false, inaccurate or incomplete information 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 Insurers) and their representatives to approach any third party who holds information relating to the incident this claim is based on, for example, medical practitioners and hospitals/clinic where the claim related to a medical condition or injury. This 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 recovery 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 parties and to immediately notify Intana if any lost or stolen property mentioned in this claim form is recovered.
- I/We give authority to Intana Claims and their representatives to approach any Third party who holds information relating to the incident this claim is based on. This authority will permit the Third party(ies) to release relevant information to Intana to assist in the investigation and resolution of this claim.

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.

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 United Kingdom Data Protection regulations and Intana's Data Protection Privacy notice which can be found online at intana-assist.com/privacy-policy.aspx

Signature of insured person or of parent/guardian for minors under 18		(Day / Month / Year)
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