



CISV Travel Insurance Claim Form (Applicable from the 2016 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) 1992 450 71
Claims Email: CISVclaims@intana-assist.com

POLICY DETAILS

Claim for CISV Insurance Policy (insert policy number).	
Claim Number, if you have already started a claim	

INSURED PERSON'S DETAILS

Insured person's name	
Insured person's gender (M/F)	
Insured person's date of birth (day/month/year)	

Home Address Number & Street Town / City Area / State / Province Country			
	Country Code		Postcode / Zip 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-2008-11)	
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)	

CLAIMANT'S DETAILS (if different from insured person above e.g. if a parent or guardian is making the claim for their child).

Given Name Surname Number & Street Town / City Area / State / Province Country			
	Country Code		Postcode / Zip code
	Area Code		Local Number
Tel			
Fax			
Mobile Number			
E mail			

CLAIMANTS BANK DETAILS (so Intana can pay you directly).

Bank Account in the name of			
Bank Name			
Bank Address			
Bank Account Number	Bank IBAN number		
Bank Sort / BIC Code			

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 / loss (City and country)	

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 relates to your claim.

OTHER SPECIFIC STEPS

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

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

Medical & Accident Expenses <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 	Personal Liability Claim <ul style="list-style-type: none"> Completed CISV Travel Insurance Claim Form Invoices/ receipts Police Report (if appropriate)
Baggage Claim <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 	Cancellation Claim <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

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

I declare that to the best of my knowledge all information contained in this form is true and complete.
 False statements will invalidate any claim under this policy.

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