



ABTA Protection Plan CLAIM FORM

Travel Agency: _____ Address: _____
Telephone: _____
Facsimile: _____
Contact: _____ Postcode: _____
Policy No: _____ ABTA No: _____
Period of Insurance: From: _____ To: _____

DETAILS OF CLAIM

Name(s) of Passengers

1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____

If more than 10 passengers, please use back page

SCHEDULE / FLIGHT DETAILS

Departure date: _____ Flight no: _____



Return date: _____ Flight no: _____
Date of issue of ticket(s): _____

AIRLINE FAILED _____

Type of claim (please tick)

Deposit only [] Full payment [] Repatriation or continuation of journey []

Total amount claimed £ _____

For _____ persons listed.

Have you claimed or are you able to claim these monies from any other source YES/NO

If yes, please explain

Travel Provider that has failed _____

Details _____

NOTE TO ABTA TRAVEL AGENT

If the client used his/her credit card or VISA Debit card to pay for any of the travel services please refer them to their credit card provider, per Policy Exclusions.

METHOD OF PAYMENT FOR TICKETS

A) Credit Card direct to airline:

Name of cardholder _____

Card type - Access / VISA etc _____

Card number _____

Expiry date _____

Amount £ _____



- | | | | |
|---|--|-----|-----|
| 5 | Copy of Certificate of Insurance | [] | [] |
| 6 | If no airline is involved please provide substantiating evidence of the travel arrangements that have failed | [] | [] |



PLEASE LIST PASSENGER NAMES HERE IF MORE THAN 10

1	_____	11

2	_____	12

3	_____	13

4	_____	14

5	_____	15

6	_____	16

7	_____	17

8	_____	18

9	_____	19

10	_____	20

