



**FINANCIAL FAILURE OF TOUR ORGANISER
CLAIM FORM**

Name: _____ Address _____
Telephone: _____
Facsimile: _____
Post Code: _____

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



METHOD OF PAYMENT FOR TICKETS

(Please Forward Copy of Statement Showing This Loss)

A) Credit Card Direct Paid to: _____

Name of cardholder _____

Card type - Access / Visa etc _____

Card number _____

Expiry date _____

Amount Deposit £ _____ Balance £ _____

B) Payment by cheque

Amount Deposit £ _____ Balance £ _____

Payable to _____

C) Payment by Cash Deposit £ _____ Balance £ _____

Date of Payments Deposit _____ Balance _____

STATEMENT OF SUBROGATION

In consideration of paying to us the sum of £ _____ by way of indemnity, we assign to you
all rights, claims and interest that we may have against the failure of
to International Passenger Protection Limited, as agents for their Principals.

Signed Date

Name..... Position



DECLARATION

I declare that to the best of my knowledge and belief all facts are correct. I also declare that I had no knowledge of the airline's potential failure at the time of issue of the airline ticket(s) as detailed.

Signed Date

Name.....

DOCUMENTS REQUIRED TO SUBSTANTIATE CLAIM(S)

We enclose the following *original* documents (please tick)

- 1 Unused airline ticket(s) / Vouchers []
- 2 Evidence of payment(s) (cancelled cheque etc) []
- 3 Confirmation and Invoice []
- 4 Receipts / evidence of payment relevant to onward return transportation []
- 5 Certificate of Insurance []

Failure to provide these original documents may jeopardize your claim



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	_____

