



**SCHEDULED AIRLINE FAILURE CLAIM FORM  
FOR TRAVEL AGENTS /PRINCIPALS & TOUR OPERATORS**

Travel Agency: _____	Address: _____
Telephone: _____	_____
Facsimile: _____	_____
Contact: _____	_____
Policy 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**



**ORIGINAL 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 [  ]

*(Please provide details for the replacement tickets)*

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

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**METHOD OF PAYMENT FOR TICKETS**

A) Credit Card direct to airline:

Name of cardholder \_\_\_\_\_

Card type - Access / VISA etc \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_

Amount € \_\_\_\_\_

B) Payment by cheque

Amount € \_\_\_\_\_

Payable to \_\_\_\_\_

C) Payment via BSP Office

Date of debit \_\_\_\_\_

Compliance with the Data Protection Act 1998

We hereby notify you that any personal data obtained about you will be processed in accordance with the Data Protection Act 1998.

By signing this form, you confirm that you have obtained the consent of all individuals named on this form, to their data being stored and processed by

IPP in accordance with the Act and such information will only be held in the respect of dealing with your claim.



**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 ..... (if applicable)

**(This section legally allows your claim, when paid, to be transferred to the insurers.)**

**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 ticket(s) as detailed.

Signed ..... Date .....

Name ..... Position ..... (if applicable)

**DOCUMENTS REQUIRED TO SUBSTANTIATE CLAIM(S)**

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

OFFICE USE

- |   |   |     |     |
|---|---|-----|-----|
| 1 | Unused airline ticket(s)  | [ ] | [ ] |
| 2 | Evidence of payment(s)  | [ ] | [ ] |
| 3 | Confirmation / Invoice to client(s)                                   | [ ] | [ ] |
| 4 | Receipts/evidence of payment relevant to onward return transportation | [ ] | [ ] |
| 5 | Evidence of how you are insured with IPP Ltd                          | [ ] | [ ] |
| 6 | BSP print out (if applicable)   | [ ] | [ ] |



**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	_____



**ADDRESS FOR CLAIM SETTLEMENT**

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Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_