

2438

**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.

TOUR ORGANISER DETAILS

Original
Departure Date _____ Destination _____

Original
Return Date _____ Actual
Return Date _____

Date of Booking _____ Booked Through _____

NAME OF TOUR ORGANISER FAILED _____

DATE TOUR ORGANISER 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

METHOD OF PAYMENT FOR TICKETS - Please complete sections a), b), c) or d)

A) Payment by Credit Card direct to airline/ supplier:

Name of cardholder _____

Card type (Please select one of the following):

MasterCard []

VISA []

If other, please state: _____

Card number: _____
(Please only state the first and last 4 digits)

Expiry date _____

Amount £ _____

Please tick this box if your card holds the visa symbol []

Please tick this box if your card holds the mastercard symbol []

b) Payment by Debit Card direct to airline/ supplier:

Name of cardholder _____

Card type (Please select one of the following):

Visa []

Maestro []

Solo []

Switch []

If other, please state: _____

Card number: _____
(Please only state the first and last 4 digits)

Expiry date _____

Amount £ _____

Please tick this box if your card holds the visa symbol []

Please tick this box if your card holds the mastercard symbol []

c) Payment by cheque:

Amount £ _____

Payable to _____

d) Other method: Please provide details: _____

STATEMENT OF SUBROGATION

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

In consideration of you 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 Ltd, 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 potential failure at the time of the booking 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)
COPY OF CHEQUE/VISA DEBIT/CREDIT CARD STATEMENTS []
- 3. Confirmation and Invoice []
- 4. Receipts / evidence of payment relevant to onward or return transportation []
- 5. Certificate of Insurance []

Failure to provide these *original* documents may jeopardize your claim.

