



SCHEDULED AIRLINE FAILURE / END SUPPLIER CLAIM FORM WHERE COVER IS INCLUDED IN A TRAVEL INSURANCE POLICY

Travel Policy held: _____ Address: _____
Telephone: _____
Facsimile: _____
Contact: _____ Postcode: _____
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

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.



ORIGINAL SCHEDULE / FLIGHT DETAILS

Departure date: _____ Flight no: _____

Return date: _____ Flight no: _____

Date of issue of ticket(s): _____

AIRLINE / TRAVEL PROVIDER / END SUPPLIER 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

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

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/ supplier ticket or vouchers/print out of E-tickets(s)/PNR	[]	[]
2	Evidence of payment(s)	[]	[]
3	Confirmation / Invoice	[]	[]
4	Receipts/evidence of payment relevant to onward return transportation	[]	[]
5	Copy of Certificate of Insurance	[]	[]
6	If no airline is involved please provide substantiating evidence of the travel arrangements/end supplier 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	_____



ADDRESS FOR CLAIM SETTLEMENT

Title _____ First name _____ Surname _____

Telephone _____ Fax _____