



Claim Form

Policyholder: _____ Address: _____

Telephone: _____

Facsimile: _____

Contact: _____ Postcode: _____

Policy No: _____

Period of Insurance: From: _____ To: _____

DETAILS OF CLAIM

Name(s) of Insured(s)

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

If more than 10 insured persons, please go to page 4

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.



SCHEDULE / FLIGHT DETAILS

Departure date: _____ Flight no: _____

Return date: _____ Flight no: _____

Date of issue of ticket(s): _____

**STATE END SUPPLIER SERVICE
THAT HAS FINANCIALLY FAILED**

Company Name: _____

Type of company: Airline [] Hotel [] Car Hire [] Coach Company [] Ferry Company [] Other please state _____

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: _____

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	_____



STATEMENT OF SUBROGATION (Signed on behalf of all insured persons by an insured person)

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 financial failure of _____
 to International Passenger Protection Limited, as agents for their Principals.

Signed Date

Name

DECLARATION (Signed on behalf of all insured persons by an insured person)

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

DOCUMENTS REQUIRED TO SUBSTANTIATE CLAIM(S)

We enclose the following <i>original</i> 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 ProtectMyHoliday (International Passenger Protection)	[]	[]

Please do not send copies of documents, we must have original copies or your claim cannot be processed

