



**End Supplier Failure (Corporate) CLAIM FORM**

Travel Agency: _____	Address: _____
Telephone: _____	_____
Facsimile: _____	_____
Contact: _____	Postcode: _____
Policy No: _____	ATOL 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 2018

We hereby notify you that any personal data obtained about you will be processed in accordance with the Data Protection Act 2018.

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 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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**NOTE**

If the passenger used his/her credit card or VISA Debit card to pay for any of the travel services directly, please refer them to their credit card provider, as per the Policy Exclusions.

**METHOD OF PAYMENT FOR TICKETS**

A) Credit Card direct to airline/supplier:  
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 \_\_\_\_\_

**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 (Malta) 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 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 that have failed | [ ] | [ ] |
| 7 | 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 \_\_\_\_\_