



SCHEDULED AIRLINE FAILURE 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



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



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 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.



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(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

Title _____ First name _____ Surname _____

Telephone _____ Fax _____