

FINANCIAL FAILURE CLAIM FORM

ISLE OF WIGHT TOURS LTD



This completed form needs to be returned to:

Protect Claims
PO Box 6430
Basildon
SS14 0QT

email: claim@protectclaims.com

PLEASE NOTE:

Protect Claims aim to complete all claim payments within 10-12 weeks of the completed submitted application form, but it may be sooner and will always be quickest via the online e-claims form.

PLEASE NOTE:

Accommodation only, day trips or excursions:

- These are not covered by Bonded Coach Holidays.
- If you paid by debit or credit card see the guidance below.
- If you paid by cash or bank transfer you need to contact the Administrator.

Bookings paid for by credit or debit card

- You should seek a refund from your card issuer by way of a section 75 claim under the consumer credit act 1974 or from your card issuing bank by way of a chargeback under the Visa/MasterCard scheme rules.
- Claiming from your card is likely to be the quickest way for you to receive your monies back.

Dear Sir/Madam

Here is your claim form as requested. Please complete it fully and return it to us. **To avoid delay, please ensure that the claim form is signed and dated below.** Please note that claims notified after six months from the date of the failure may not be accepted. Information submitted more than six months after notification may also not be accepted. BCH reserves the right to close claims in the event on non-notification or non-completion within these time frames.

The section below details the documents which we need to deal with your claim.

Please ensure you enclose copies of the following documents if not already sent.

- | | | | |
|----|---|---------------------------------|--------------------------------|
| a) | Refund Credit Note (if received) | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| b) | Evidence of payment (confirmation cheque presented, credit/debit card statement, cash receipt etc.) | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| c) | The holiday booking invoice or other evidence of holiday/trip cost. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| d) | If applicable, receipts/evidence of payment relevant to onward return transport. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

TRAVEL INSURANCE AND VOUCHERS

PLEASE NOTE THAT YOU CANNOT CLAIM FOR TRAVEL INSURANCE OR GIFT VOUCHER REFUNDS VIA BCH AND PROTECT CLAIMS.

IMPORTANT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION.

PRIOR TO RETURNING THE CLAIM FORM PLEASE CHECK THAT YOU HAVE NOT PAID FOR YOUR BOOKING BY CREDIT OR DEBIT CARD AND THAT IT IS NOT A BOOKING FOR ACCOMMODATION ONLY, DAY TRIP OR EXCURSION.

PLEASE NOTE WE ARE NOT RESPONSIBLE FOR THE COSTS OF OBTAINING DOCUMENTATION IN SUPPORT OF THE CLAIM.

WARNING

THE MAKING OF A FRAUDULENT OR KNOWINGLY EXAGGERATED CLAIM IS A CRIMINAL OFFENCE AND COULD RENDER THE OFFENDER LIABLE TO PROSECUTION.

THE INFORMATION ON THIS FORM WILL BE USED BY US TO DEAL WITH ANY CLAIM. WE MAY ALSO PASS THIS AND ANY OTHER INFORMATION TO OTHER INSURERS AND ORGANISATIONS INVOLVED IN DEALING WITH ANY CLAIM. INSURERS ALSO SHARE INFORMATION TO PREVENT FRAUD.

DECLARATION

I declare that to the best of my knowledge and belief all information stated herein is correct.
I/We have not withheld any information from insurers within my/our knowledge connected with this claim.
I/We agree to provide further information or documentation as may be reasonably required.
I/We assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights.

SIGNATURE OF CLAIMANT: DATE:

IF COMPLETING BY HAND BLOCK CAPITALS MUST BE USED PLEASE

1	Claimant's title:	MR	MRS	MS	If other, please specify:	
	Forenames:					
Surname:						
2	Address:					
	Postcode:					
3	Telephone nos.	Daytime:	Evening:	Mobile:	Other:	
	Email address:					
4	The destination and country of this holiday/trip:					
5	The date on which your holiday/trip was first booked:					
	DAY		MONTH		YEAR	
6	If applicable, the name of the agent the holiday/trip was booked through:					
7	Original departure date					
	DAY		MONTH		YEAR	
8	Original return date					
	DAY		MONTH		YEAR	
9	Booking reference [If the claim is for multiple bookings, please provide the reference to for each booking]					
10	Name of Tour Operator Failed					
11	Date Tour Operator failed:					
	DAY		MONTH		YEAR	
12	Type of claim (please tick)					
	Deposit only		Full payment		Repatriation or continuation of journey	

13	Total amount claimed:	£			
14	Total number of people subject of claim (listed below):				
15	Please name all persons claiming:				
	NAME				
	NAME				
	NAME				
	NAME				
	NAME				
16	Have you claimed or are you able to claim these monies from any other source?			YES	NO
	If YES, please provide details:				
17	Method of payment made for travel arrangements:				
A	Payment by credit debit card				
	Paid to:				
	Name of cardholder:				
	Card type:				
	Card number:				
	Expiry date:				
	Amount:	Deposit	£	Balance	£
B	Payment by cheque				
	Paid to:				
	Amount:	Deposit	£	Balance	£
C	Payment by Cash				
	Paid to:				
	Amount:	Deposit	£	Balance	£
	Date of payments:	Deposit	£	Balance	£
D	Payment by BACS				
	Paid to:				
	Account number:				
	Account sort code:				
	Amount:	Deposit	£	Balance	£

	Date of payments:	Deposit	£	Balance	£

PAYMENT AUTHORISATION

I authorise you the Confederation of Passenger Transport UK to pay any refund due to:

Account holder's FULL name (Forename and Surname):

.....

Account holder's address:.....

County:.....

Postcode:.....

Date of Birth:.....

Name of bank/building Society.....

Account number:

Sort Code:

Swift Number:.....

IBAN:.....RollNumber:.....

This section must be signed by the person/s that paid.

Signature:.....

Print name: Date:.....

Signature:.....

Print name: Date:.....

Signature:.....

Print name: Date:.....