

Financial Failure/Insolvency Claim Form

INSURANCE SPECIALISTS
TO THE TRAVEL INDUSTRY

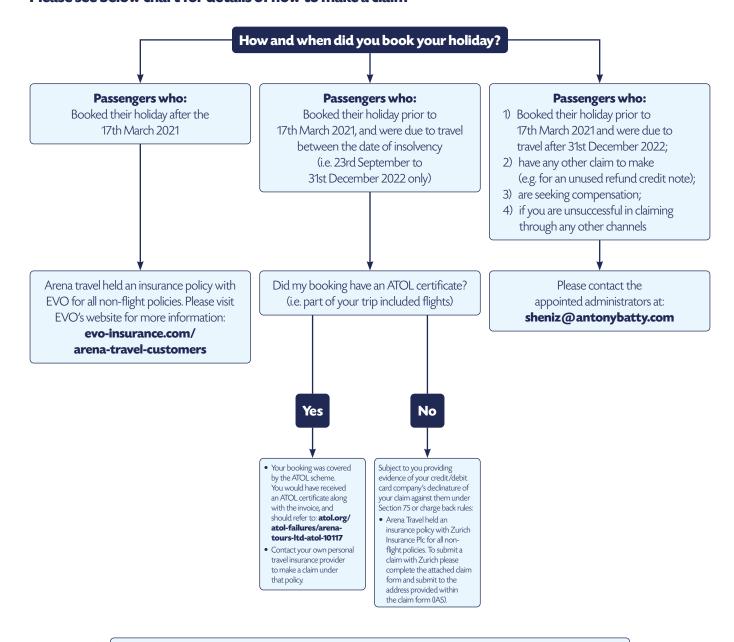
Here at Towergate Travel we understand how disappointing it is to learn that your holiday will now not be going ahead as planned, so we strive to make the process of claiming your money back as stress-free as possible.

To do that it is important that you follow the instructions in the flow-chart below and submit your claim to the correct entity.

If you reach the point where you are required to send in your claim form to our appointed claims handlers, **Insurance Administration**Services, it is imperative that you do so with all of the required documents, otherwise they will be unable to assess your claim fully.

Once all of the required documents have been received by **Insurance Administration Services**, they will aim to assess your claim on our behalf and reach a final decision as quickly as possible and, wherever possible, without the need to contact you for more information.

Please see below chart for details of how to make a claim



Non-UK & Non-EU Customers

Following changes to the '2018 Package Travel Directive' and BREXIT, UK travel businesses selling packages only need to provide cover for UK residents. If you are a non-UK resident, please refer back to the administrators.



Personal details					
Name of claimant/lead name:				Mr/Mrs/Other:	
Correspondence address (including postcode	<u>s</u>):				
Home telephone number:		Work telephone numl	ber:		
Email address:					
Ernali address:					
Travel/booking details					
Name of tour operator that you booked thro	ough:				
Trip departure date:		Date trip first booked:			
mp departure date.		Date trip mot booked.			
		T (1 1:1 /	1	/ 1)	
Holiday destination:		Type of holiday (e.g. ac	commodati	on/coach):	
Lead name:				Number of passengers in party	
Please note: travel insurance premiun	ns are not covered	by this policy			
Deposit paid:	Total holiday cost:		Total monie	es paid:	
What method of payment was used? (credit	card/debit card/cash/	/cheque/other):			
			_		
Following the insolvency of Arena Travel, did y	our holiday take plac	e/continue with another	company?	Yes No	
If 'Yes', please detail your out of pocket expen	nses below and provid	de evidence to support th	nese:		

Please refer to the first page of the form for details of how to claim for each payment method.

Please note: this policy specifically excludes cover for day trips as per the July 2018 EC Package & Linked Travel Directive.



Documentation required

Before returning this form please could you make sure that all the supporting documentation detailed below is enclosed. We are unable to consider your claim without all of the required documents and your claim form may be returned to you.

- 1 The original booking invoice issued to you by the tour operator
- **2** Bank account, credit card, or other payment statements (as appropriate) showing all payments made to the tour operator for your trip. If you paid by cash, please provide a bank statement that shows the withdrawal
- **3** A copy of your debit and/or credit card provider's final response to your Section 75 or your charge back claim under their protection schemes. **Please note:** if your claim has been rejected incorrectly, you may receive instructions from us on how to re-approach your card issuer
- **4** A copy of a utility bill and your passport for identification purposes
- 5 Any other documentation or receipts that you feel will support your claim

Declaration

Sort code:

I can confirm all the information detailed in this form to be true and accurate in respect of my/our claim. I understand that if for any reason the information provided is incorrect, deemed false or fraudulent, that this may invalidate my claim and legal proceedings could be brought against me/us.

In the event of receiving any monies regarding this claim it is understood that we assign all rights, claims and interest

that we may have against the failure of:

Signature:

Date:

Please return all documents to:
Insurance Administration Services
PO Box 9
Mansfield
Nottinghamshire
NG19 7BL

Tel: 01623 645308
Email: claims@las-health.co.uk

Bank details

If your claim is successful, payment will be made directly into your bank account. Therefore please provide the following:

Account holder name(s):

Bank or building society:

Account number:



Checklist

Have you answered every question on the form?	Yes	No	
Have you sent your claim to your credit or debit card issuer?	Yes	No	Not applicable
If you are sending your form to Towergate, have you attached all of the required documents? (please refer to the list overleaf)	Yes	No	
Have you signed the form?	Yes	No	

If you have answered 'No' to any of the above questions, please review your form again, including the flow-chart on the first page.





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