



Association of British Travel Agents  
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# ABTA CLAIM FORM

Claim Reference:

RECEIVED: (for office use only)

**\*\*\*PLEASE READ ALL NOTES CAREFULLY BEFORE COMPLETION\*\*\***

- The claim form can only be completed by the customer. The customer is the person who is named as the lead traveller on your invoice and may be different to the person who made payment to the company (see section 8)
- Please complete this claim form in BLOCK CAPITAL LETTERS using a ball point pen
- **Copies of ALL documents should be kept by you.** In the unlikely event that we do not receive the documents that you post to us you will be required to provide copies.
- Return the claim form in the envelope provided with ALL supporting documents. A checklist of documents required is in section 8 of this form.
- Any further correspondence should be sent to the address above quoting your Claim Reference.
- All sections must be fully completed. An incomplete claim will lead to a delay in settlement.
- **Claims MUST be received complete with all documentation within six months from the date of failure**
- If you have a disability and require assistance completing this form, please contact us for help.

This claim form should not be considered as an indication from the Association of British Travel Agents that you have a valid claim under the Association's Financial Protection Scheme, as each submission will require assessment under the rules of the Scheme.

## 1. YOUR DETAILS – (lead name on booking)

Title (Mr, Mrs etc):..... Initials:..... Surname:.....  
 Address:.....  
 Post Code:..... Daytime Telephone Number STD(.....)  
 E-Mail Address:.....  
 Where did you see the holiday advertised? – Teletext  Newspaper advert  Internet   
 Window display  Other (please specify) . (Please provide a copy of the advert or full details of how the travel arrangements were advertised and described)

## 2. YOUR BOOKING DETAILS

Company Name:..... Booking Reference:.....  
 Date of Booking:..... Date of Departure:..... Duration of Holiday:.....(days)  
 Departure Point (e.g. Heathrow):..... Destination:.....  
 Names of other passengers in the party:.....  
 Type of Holiday: (for example: Package, Flight Only, Car Hire etc.) .....

### 3. CALCULATING YOUR CLAIM

(The Association cannot cover any expenses incurred in submitting your claim)

It is important that we know exactly how your holiday booking was paid for.

Please indicate the amount(s) paid and the method of payment.

| Payment for       | Method of payment (cash,cheque etc.) | Amount |
|-------------------|--------------------------------------|--------|
| Deposit           | .....                                | £..... |
| Balance           | .....                                | £..... |
| <b>Total Paid</b> |                                      | £..... |

### 4. INSURANCE PREMIUMS

Insurance Premium paid: £.....

#### Insurance Declaration

Between the date of booking and the date of failure, I confirm that NO insurance policy/policy number has been received by me for my booking.

Name:..... Signed:..... Date:.....

Please note that if you are in possession of an insurance policy/policy number you will need to contact the insurance company directly with a view to using the insurance on an alternative holiday.

### 5. DEDUCTIONS

If you are in possession of an insurance policy/policy no., please deduct the premium. £.....

Please deduct any other amount that you are not claiming from ABTA. £.....

**Total Amount Claimed from ABTA:** £.....

### 6. DECLARATION (This section MUST be signed by the customer and no alterations made)

I confirm that I have received NO REFUND OF ANY SORT in respect of the amount I am claiming from ABTA, from the Tour Operator or any Insurance Company. I have no cover and have received no refund from my credit card issuer in respect of the amount I am claiming from ABTA:

Name (please print):.....

Signed:..... Date:.....

### 7. ASSIGNMENT (This section MUST be signed by the customer and no alterations made)

In consideration of ABTA's agreeing to reimburse me in respect of my above-referenced claim, I hereby:

1. assign absolutely to ABTA any right, claim or cause of action which I may have against the tour operator or travel agent named above and/or against any person or against any fund or property in the hands of any person arising out of or connected with the subject matter of my above-referenced claim, whether such right, claim or cause of action is in debt, breach of contract, tort, breach of trust or in any other manner whatsoever, and
2. agree to provide ABTA with all reasonable assistance in any claim ABTA may make against any party in respect of the subject matter of my above-referenced claim.

Client name (please print):.....

Signed:..... Date:.....

## 8. SUPPORTING DOCUMENTATION

You are required to provide documents from sections 1,2 & 6 below, also from sections 3,4 & 5 where applicable. This information **MUST** be supplied to enable us to process your claim. **You must keep copies of all documents that you send to us.**

- |        |  | PLEASE<br>TICK           |
|--------|--|--------------------------|
| 1.     | The Tour Operator/Travel Agents <b>original</b> booking confirmation/invoice. If you do not have this you must confirm so in writing. <b>Copies cannot be accepted.</b>  | <input type="checkbox"/> |
| 2.     | Cheque payments require a copy of the cleared Cheque(s) <b>or</b> a letter from your Bank confirming full cheque details. Building Society cheques require a letter from the Building Society confirming full details of the cheque(s), the name of the account holder and the date the cheque cleared. <b>Bank statements and cheque book stubs cannot be accepted for cheque payments.</b> | <input type="checkbox"/> |
| and/or | Cash payments require the <b>original</b> "Cash" receipt(s). If the receipt(s) do(es) not state "cash" or the amount is over £500.00 a sworn Affidavit (available from ABTA) <b>must</b> be completed to accompany the receipt(s).   | <input type="checkbox"/> |
| and/or | Credit, Debit(Switch or Delta) & Charge card payments require the <b>original full</b> monthly statement showing the transaction with no alterations this should also show the account holders name. <b>The sales voucher/receipt cannot be accepted as proof of payment.</b>  | <input type="checkbox"/> |
| 3.     | <b>If</b> another person has made payment, they are required to confirm in writing that payment was made on your behalf and who the refund should be made to.  | <input type="checkbox"/> |
| 4.     | <b>If</b> you have had to pay again for a service whilst on holiday that you have already paid for, please provide a detailed breakdown with the receipts for those services, and any credit & debit statements showing payments and exchange rates.   | <input type="checkbox"/> |
| 5.     | <b>If</b> you have had to cancel your flights as no accommodation has been booked we will require written confirmation from the tour operator that the flights have been cancelled and if they will be making any refund to you directly.  | <input type="checkbox"/> |
| 6.     | The statement attached to the covering letter <b>must</b> be completed and returned.   | <input type="checkbox"/> |

### Please Note:

The Association of British Travel Agents reserves the right to require any additional documentation that it, in its absolute discretion sees fit from yourself or any other party involved in your booking. Any documentation provided to ABTA is treated in the strictest confidence.

All information provided by you will be used only for the purpose of assessing and processing your claim. ABTA may share this information with public authorities or Banks/Insurers in certain circumstances. All documents supplied to the Association are held in secure archives until such time that they are destroyed.

## 9. CERTIFICATE OF RELEASE

(This **must** be completed if any part of your payment was made by means of credit card)

This section must be completed by the card holder only. This will allow the Association to make a claim under the Credit Card Charter for any payment made to you in connection with this claim. Completion of this declaration in no way waives your right to make a claim for any amount **NOT** refunded by the Association.

### Declaration

In consideration for ABTA meeting my claim in whole or in part I agree that I will accept the meeting of such claim in full and final satisfaction of any claim I may have against any individual or company, other than the company whom my claim is against in respect of whom I have already assigned the benefit of any claim I may have. I also agree that I will not attempt to pursue any claim I may have under statute or otherwise against any individual or company in relation to the holiday that was not provided by the company whom my claim is against.

Name:..... Signed:..... Dated:.....

**10. PAYMENT ASSIGNMENT - Please Note: If any of your payments were made directly to the failed company by credit card, we are unable to refund a third party, this section will therefore not apply.**

If you would like us to pay another Travel Agent/Tour Operator, please complete this section in full.

I authorise the Association of British Travel Agents to pay my claim to (Name & address ):

.....  
.....

ABTA No:..... Client Name (please print):.....

Signed:..... Date:.....

**11. HOW WOULD YOU LIKE YOUR REFUND TO BE MADE? (please tick)**

**By cheque:**  **Directly into your bank account:**

Please complete the following details to enable ABTA to make payment directly into your bank account. If you do not complete this section payment will be made by cheque. Payments cannot be made into savings accounts or credit card accounts

**SORT CODE**

**BANK NAME**  
(i.e. Barclays, Natwest)

**NAME ON ACCOUNT**  
(i.e. account holder)

**ACCOUNT NUMBER**  (This should be no more than 8 digits)

**Please Note: If the information given above is incorrect in anyway payment will be made by cheque to the lead name on the booking**

**Important Notes**

1. No reminders will be sent and all claims received outside the six month period will NOT be considered.
2. Original documents will not be returned unless requested in writing.
3. Please ensure that you keep copies of ALL documents that are submitted including this form.
4. We aim to acknowledge receipt of your documents within 14 days, if you do not hear from us in this time please contact us immediately, quoting the Claim Reference on the front of this form.

**Customer Comments**

As we are continually looking for ways to improve the service provided we would welcome any comments that you may have regarding the Claim Form or the service you have received. Please address these comments to:  
**Customer Comments, Claims Dept, 68-71 Newman Street, London. W1T 3AH e-mail: [claims@abta.co.uk](mailto:claims@abta.co.uk)**