FILERS TRAVEL LIMITED BONDED COACH HOLIDAYS FINANCIAL FAILURE CLAIM FORM

C/O ABTOT LIMITED
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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 and includes all supporting evidence.** 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. ABTOT 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 the following ORIGINAL (not photocopied) documents if not already sent.

a)	Unused airline ticket/voucher (if received)	Yes ☐	No ☐
b)	Evidence of payment (confirmation cheque presented, credit/debit card statement, cash receipt etc.)	Yes ☐	No ☐
c)	The holiday booking invoice or other evidence of holiday/trip cost.	Yes ☐	No ☐
d)	If applicable, receipts/evidence of payment relevant to onward return transport.	Yes ☐	No ☐

EMAIL & TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to email you or telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please confirm your email address overleaf and/or advise us of any relevant numbers on which you can be reached.

IMPORTANT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION.

PRIOR TO RETURNING THE CLAIM FORM PLEASE STUDY THE POLICY AND READ THE TERMS AND CONDITIONS AS THEY RELATE TO YOUR CLAIM.

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: PLEASE CONTACT YOUR AGENT FOR A REFUND IF YOU BOOKED VIA AN AGENT.					
7	Original departure date					
	DAY		MONTH		YEAR	
8	Original return date					
	DAY		MONTH		YEAR	
9	Actual return date (if travelled)					
	DAY		MONTH		YEAR	
10	Name of Tour Operator Failed - FILERS TRAVEL LIMITED					
11	Date Tour Operator failed:					
	DAY	01	MONTH	SEPTEMBER	YEAR	2025
12	Type of claim (please tick)					
	Deposit only		Full payment		Repatriation or continuation of journey	N/A
13	Total amount claimed:	£				

14	Total number of people subject of claim (listed below):				
15	Please name all persons claiming:				
	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 PLEASE MAKE A CHARGEBACK OR SECTION 75 CLAIM IF THIS HAS BEEN REJECTED BY YOUR ISSUING BANK OR CREDIT CARD PROVIDER, PLEASE PROVIDE PROOF OF REJECTION AS PART OF YOUR CLAIM DOCUMENTATION.				
	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	£
18	Bank Account Details where the claim refund is to be paid into				
	Name of account holder				
	Sort code				
	Account number				