

Touchstone Underwriting Limited Tour Operators Liability Claim Form

IMPORTANT NOTE: ANY COMMUNICATION YOU RECEIVE FROM ANY THIRD PARTY CONCERNING THE INCIDENT MUST BE SENT IMMEDIATELY TO THE ADDRESS BELOW

Claims Department
Touchstone Underwriting Limited
5th Floor, Meridien House
71 Clarendon Road
Watford
WD17 1DS
T: 01923 298 431
E: TUL_Claims@t-u-l.co.uk

Please answer all questions as fully as possible, you will need to refer to our 'Liability Guidance Notes Document' ([click here](#)) as this will aid completion of this form and collate additional information. If you need to add extra information please use separate sheet(s).

Section 1 – Policyholder Details

Policy Number:

Insured's Company Name:

Insured's Address:

Insured's Postcode:

Contact Name at Policyholder:

Contact Telephone Number:

Contact Email Address:

Business Description in Relation to this Claim:

Tour Operator

Travel Agent

Other

(Please specify) _____

1. Is the Policyholder a Member of ABTA or any other Trade Association?

Yes No Not Applicable

2. If yes, would the policyholder consider using Arbitration or an alternative form of dispute resolution in relation to this Claim?

Section 2 – Claimant Details

Name of Person Making a Claim Against the Policyholder:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | Not Applicable |
| 3. Is this person the Lead Passenger on the booking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the Holiday All Inclusive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Booking Reference

Please Provide Copies of ALL Booking Documentation including:

- | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| | Not Applicable | Enclosed | To Follow |
| 6. Holiday Invoice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Booking Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Booking Terms & Conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Accommodation / Transfer Vouchers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 – Incident Details

10. Date of Incident / Accident

11. Date Incident was reported to Policyholder

12. Country where the Incident Occurred

13. Resort Where the Incident Occurred

14. Name of Hotel (if applicable) where the Incident Occurred

15. Circumstances of the Incident (please give as much detail as possible, continue on a separate page if necessary)

16. Did the Incident / Accident Occur on an Excursion? Yes No Not Applicable

If yes,
17. Was the Excursion Included as Part of a Packaged Arrangement?

18. Details of Any Injuries or Illness Suffered as a Result of the Incident:

19. Details of Any Action Taken by the Policyholder and the relevant Supplier in Relation to the Incident:

Section 4 – Supplier Details

Please provide contact details for the relevant Supplier:

Supplier Type:

Eg: Cruise Operator; Coach Operator; Hotelier

Supplier Company Name:

Supplier Address:

Supplier Postcode:

Contact Name at Company:

Contact Telephone Number(s):

Contact Email Address:

Supplier Insurance Details:

20. Insurer Name
21. Insurer Contact Telephone Number
22. Insurer Address
23. Limit of Indemnity (if known)

24. Has the Supplier Notified their Insurer of the Incident? Yes No Not Applicable

If no, please kindly encourage them to do so

If yes, please provide Insurer claim reference Number

25. Do you have a signed Indemnity Contract with the relevant Supplier covering the Incident Date?

If yes, please provide a copy Copy submitted

26. Does the relevant Supplier Comply with Local Standards and Regulations?

If yes, please provide documentary evidence Copy submitted

If no, please kindly provide an explanation in respect of the same

Act Quickly

Please ensure this form is fully completed and returned along with the completed 'Guidance Notes Document' to Touchstone Underwriting at the following address:

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