

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](#)' as this will aid completion of this form and collate additional information.
If you need to add extra information please use a 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: _____

If 'Other', please specify further details: _____

1. Is the policyholder a Member of ABTA or any other Trade Association(s)

If 'Yes', please specify: _____

2. Would the policyholder consider using arbitration or an alternative form of dispute resolution in relation to this claim? Yes No Not Applicable

	Yes	No	Not Applicable
16. Did the incident / accident occur on an excursion If 'Yes', please give full details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17. Was the excursion included as part of a packaged arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Details of any injuries or illness suffered as a result of the incident			

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19. Details of any action taken by the policyholder and the relevant supplier in relation to the incident

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Section 4 – Supplier Details

Please provide contact details of the relevant supplier:
Supplier Type (e.g. cruise operator; coach operator; hotelier):

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Supplier company number:

Supplier address:

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Supplier postcode:

Contact name at company:

Contact telephone number:

Contact email address:

Supplier Insurance details:

20. Insurer name: _____

21. Insurer contact telephone number: _____

22. Insurer address: _____

	Yes	No	Not Applicable
24. Has the supplier notified their insurer of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', please provide a copy	<input type="checkbox"/>	Copy submitted	
26. Does the relevant supplier comply with local standards and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', please provide documentary evidence	<input type="checkbox"/>	Copy submitted	
If 'No', please kindly provide and explanation in respect of the same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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