

Important Note: Any communication you receive from any third party concerning the incident <u>must be sent immediately</u> 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 '<u>Liability Guidance Notes Document</u>' 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

	section 1 – Folicyholder Details			
	icy Number:			
Ins	ured's Company Name:			
Ins	ured's Address:			
		·····-		
	ured's Postcode:			
	ntact name at Policyholder:			
	ntact Telephone Number:			
Co	ntact Email Address:			
		tor		
		Tour Operator	Travel Agent	Other
		5 9	٦ Ą	δ
Bus	siness description in relation to this claim:			
If 'C	Other', please specify further details:			
				<u>e</u>
				icak
		Yes	9	Not Applicable
			_	_ `
1.	Is the policyholder a Member of ABTA or any other Trade Association(s)			
	If 'Yes', please specify:			
	Martin Harris Production and the state of th			
2.	Would the policyholder consider using arbitration or an alternative form of dispute resolution in relation to this claim?			
	1630Iddion in Feladon to this Gaim:			



Section 2 – Claim Details			
Name of person making a claim against the policyholder:			
			Not Applicable
	Yes	Š	lot pplic
	>	Z	Z <
3. Is this person the lead passenger on the booking			
4. Was the holiday all inclusive			Ш
5. Booking reference:			
	sable	sed	MoM
	Not Applicable	Enclosed	To Follow
Please provide copies of all booking documentation including:	2 4		<u> </u>
6. Holiday invoice			
7. Booking confirmation	Ш		Ш
8. Booking terms and conditions			
9. Accommodation / Transfer voucher	Ц		Ш
Section 3 – Incident Details			
10. Date of incident / accident:			
11. Date incident was reported to policyholder:			
12. Country where the incident occurred:			
17 Pagart where the incident accurred:			
13. Resort where the incident occurred:			
14. Name of Hotel (if applicable) where the incident occurred:			
V I I I			
15. Circumstances of the incident (please give as much detail as possible, continue on a			
separate page if necessary)			



	Yes	o N	Not Applicable
	× ====================================		Z 4
16. Did the incident / accident occur on an excursion			
If 'Yes', please give full details:			
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 inc	ident	
is. Botain of any action taken by the policyholaer and the relevant cappiler in relation		idone	
Section 4 – Supplier Details			
Please provide contact details of the relevant supplier:			
Supplier Type (e.g. cruise operator; coach operator; hotelier):			
Supplier company number:			
Supplier address:			
			-
Supplier postcode:			
Contact name at company:			
Contact telephone number:			
Contact email address:			



Sup	oplier Insurance details:			
20.	Insurer name:			
21.	Insurer contact telephone number:			
22.	Insurer address:			
				-
				<u>p</u> e
		Ø	_	Not Applicable
		Yes	8	Not App
24.	Has the supplier notified their insurer of the incident			
	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	Ш	L	Ш
	If 'Yes', please provide a copy		Copy su	ubmitted
26.	Does the relevant supplier comply with local standards and regulations			
	If 'Yes', please provide documentary evidence		Copy su	ubmitted
	If 'No', please kindly provide and 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:

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