

CLAIM FOR COMPENSATION

IMPORTANT

The TCF Trust Deed states that your claim must be lodged with the TCF within **12 MONTHS** of the travel agent ceasing business. After 12 months, the TCF is not required to accept your claim. If you think that you may be claiming on the TCF, even if you are waiting for compensation from elsewhere, still lodge your claim within 12 months.

Please Refer to Explanatory Notes BEFORE AND IN CONJUNCTION WITH completing this Form. Failure to respond to ALL questions may prejudice your Claim.

PLEASE USE BLOCK LETTERS



**TRAVEL
COMPENSATION
FUND**

Level 3, 15 Castlereagh Street
Sydney NSW 2000
Tel: (02) 8227 3500 Fax: (02) 8227 3535
Claims Hotline number:
TOLL FREE 1300 658 165

Claim No.:

CLAIMANT DETAILS

TITLE (Mr, Mrs, Miss, Dr. etc.)	SURNAME (Family Name)	FULL GIVEN NAME(S) Full Given Name(s)
(1)		
(2)		

RESIDENTIAL ADDRESS(ES) (Post Office Box addresses are UNACCEPTABLE)

(1)	Postcode
(2)	Postcode

ADDRESS(ES) FOR CORRESPONDENCE IF OTHER THAN ABOVE

	Postcode
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CONTACT TELEPHONE No.

Home ()	Business ()
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CONTACT E-MAIL No.

Home	Business
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(A): Travel Agency where reservations were made

(B): Travel Company where money was lost (if the same write "Same As A")

Name	Name
Address	Address
Telephone	Telephone

OFFICE USE ONLY		Remarks
Acknowledged		
Amount of Claim		
Fund File No.		
Termination Date		
ECM/MCM/FBM		
Approved/Rejected/Referred		
Premium Cheque No.		
Claimants Cheque No.		
Cheque Sent		

TRAVEL INFORMATION REQUIRED

(1) Intended Commencement Date of Travel / /

(2) (a) Please attach a copy of the Itinerary for all travel arrangements purchased.

(b) If an Itinerary was not provided or has been lost or destroyed, please supply the PNR. This is generally available from the airline on which you were booked.

(c) If your airline advises that a PNR **cannot be provided**, please list **all** travel arrangements in the space below.

TRAVEL Air/Sea/Rail etc.

Date	From/To	Flight Number	OR Other mode of transportation

ACCOMMODATION

Name of Hotel and Location	Date of Arrival	Date of Departure

OTHER ARRANGEMENTS

e.g. Car Hire/Transfers/Travellers Cheques etc *Please provide FULL details*

(3) Were any Tickets/Vouchers OR other value items supplied by the failed agent? Yes No

If Yes, please supply these documents or all details, including the value if known.

(4) (a) For *how many* people were these arrangements made?

(b) Please provide the name(s) of ALL travellers included in these arrangements

(5) Do the same arrangements cover each person?

Yes

No

If No, give details OR variations.

Total amount paid to Travel Agent \$ _____

Total amount of your claim \$ _____

DETAILS OF AMOUNTS PAID TO FAILED AGENT

(6) Breakdown of Payments made

	1	2	3	4	5
Amount of Payment \$					
Date of Payment	/ /	/ /	/ /	/ /	/ /
Method of Payment <i>(chq/cash/credit card)</i>					

(7) (a) Were Receipts Issued?

Yes

No

(b) If payment was made by credit card, have you contacted your credit card provider requesting the transaction to be reversed?

Yes

No

Please provide details of your loss.

ATTACH ORIGINAL RECEIPTS FOR EACH PAYMENT MADE

IT IS ESSENTIAL that you provide ORIGINAL receipts in support of your claim. If receipts were not issued to you OR if you have lost or destroyed them, the Fund will require from you a Statutory Declaration stating these circumstances. In the case of lost receipts the Declaration must also state that they have not been used to obtain compensation elsewhere and if found, they will be forwarded on to the Fund.

(8) Does your Claim exceed \$1,000? Yes No

If Yes, proof as to the source of the funds MUST be provided; PLEASE REFER TO EXPLANATORY NOTES FOR FURTHER DETAILS

(9) Were any **invoices/quotations/correspondence/brochures** provided by the Retail Agents? Yes No

If Yes, please attach original.

(10) Have you paid again for your travel arrangements?

(a) To Another Licensed Travel Agent Yes No

If Yes, please provide details and forward evidence of the new payment(s) e.g. Receipts, etc.

Amount \$ _____

Date of Payment: / /

OR

(b) Direct to another service provider, e.g. airline. Yes No

If Yes, please provide details and forward evidence of the new payment(s) e.g. Receipts, etc.

Amount \$ _____

Date of Payment: / /

TRAVEL INSURANCE DETAILS

(11) Was Travel Insurance Purchased Yes No

If No, continue below to the "Claimant's Checklist" section.
If Yes;

(12) What is the name of the Insurance Organisation _____

Premium Amount \$ _____ Date Paid / /

Policy Number _____

(13) Has an insurance claim been lodged? Yes No

If Yes, when was it lodged? / /

If No; why not? _____

(14) Was ANY payment(s) made to you by the Insurer? Yes No

If Yes, what was the payment \$ _____

CLAIMANT'S CHECK LIST

Have you completed ALL sections of the Claim Form? Yes No

Have you signed the Declaration? Yes No

Has the Deed of Release been signed and witnessed? Yes No

Has the Insurance on page 5 been completed? Yes No

Have you attached original receipts issued by the failed Agent? Yes No

If you refinanced your arrangements, have you supplied documentary evidence? Yes No

Is there any additional information you would like to bring to our attention regarding any aspect of your claim? If there is not sufficient space please utilise the attached Statutory Declaration.

DECLARATION BY CLAIMANT

I/We _____
[Full name(s) – as per Claimant Details on Page 1]

of _____
[Address(es) – as per your postal address on Page 1]

_____ in the State of _____

[Occupation(s)]

- (1) I/We have made a claim for compensation dated / / to the Travel Compensation Fund. The information and answers stated in this claim, and the material accompanying the claim is true and correct.
- (2) The claim arises out of the failure of the travel agency/company, mentioned on Page 1 of this claim form, to account to me/us for moneys entrusted to the agent in the circumstances described in the claim.
- (3) I/We have not received, nor do we intend to claim:
 - (a) any refund or other compensation; or
 - (b) any of the services paid for – other than those of which details are given in the claim.
- (4) No information likely to affect this claim has been withheld.
- (5) I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- (6) THIS SECTION to be completed where the Claimant is unable to locate RECEIPTS/INVOICES/CHEQUE BUTTS/BANK STATEMENTS – or OTHER EVIDENCE OF PROOF OF DEBT.

(7) Signature(s) of the person(s) completing this form.

[Signature]

[Signature]

[Print Name]

[Print Name]

[Date]

[Date]



DEED OF RELEASE

FOR COMPLETION IN ASSOCIATION WITH CLAIMS ON THE TRAVEL COMPENSATION FUND SUBJECT TO APPROVAL

PARTIES:

1. **The Claimant(s):** *[Please print]*
- A)
- B)
Surname (Family Name) Given Name [Mr/Mrs/Miss/Ms]
-
Street Address – for all correspondence
-
Town /City Postcode
2. **The Fund** –The Trustees for the time being of the Fund known as Travel Compensation Fund (“**The Fund**”).

INTRODUCTION:

- A. **A Travel Agent** by the name of
-
- (“the Agent”) has failed to account to the Claimant(s) for money or other valuable consideration entrusted by the Claimant to the Agent for travel or travel related arrangements (referred to in this Deed as “the failure”).
- B. As a result of the failure the Claimant(s) has/have made a claim on the Fund for compensation.
- C. The Fund has accepted some or all of the Claimant(s) claim and has agreed to pay the Claimant(s), when the Claimant(s) has/have executed this Deed, the sum of
- \$
- in full satisfaction of the Claimant(s) claim against the Fund.

GOVERNING LAW:

This Deed is governed by the Law of the State of New South Wales.

CLAIMANT 1. EXECUTED as a Deed
SIGNED, SEALED AND DELIVERED by -

.....]
Claimant's Name Claimant's Signature
In the presence of –

.....]
Witness Name Witness Signature

.....] Dated: ... / ... / ...
Witness Address

CLAIMANT 2. EXECUTED as a Deed
SIGNED, SEALED AND DELIVERED by -

.....]
Claimant's Name Claimant's Signature
In the presence of –

.....]
Witness Name Witness Signature

.....] Dated: ... / ... / ...
Witness Address

TERMS OF AGREEMENT:

1. The Fund will approve in whole or part the claim for compensation dated / / *[as per the Declaration Date]* made by the Claimant(s) against the Fund and pay to the claimant(s) the amount of

\$

following, and in consideration of, execution of this Deed by the Claimant(s).

2. The Claimant(s):
- a. agree to accept payment by the Fund of the sum of

\$

(“the approved compensation”) in full and final satisfaction of all and any right or entitlement which the Claimant(s) has/have against the Fund in respect of or arising out of the failure; and

- b. releases and forever discharges the Fund from any further or other claim against the Fund which the Claimant(s) has/have or may have in respect of or arising out of the failure.
3. The Claimant(s) authorises and directs the Fund to pay approved compensation to the Claimant(s), (as above) or to the Claimant(s) nominee (details below), payment to whom the Claimant acknowledges to be good as receipt by the Claimant personally.

Cheque payable to nominee: [Please print]

.....
.....
Address:

.....
Town /City Postcode

4. The Claimant(s) assigns to the Fund all and any rights whatsoever which the Claimant(s) has/have or may have at any time in the future have against the Agent, or any other person, in respect to the failure, including the right to commence and fully prosecute legal proceedings against the Agent or any other person, and to cover and retain all moneys owing at any time by the Agent, or any other person, to the Claimant(s) in respect of the failure.
5. The Claimant(s) irrevocably:
- a. authorises and directs the insurer (if any) named in the Claimant(s) claim on the Fund to pay directly to the Fund any amount payable by that insurer to the Claimant in respect of or arising out of the failure to the extent of the approved compensation; and
- b. acknowledges that the production of this Deed to that insurer shall of itself empower and require the insurer to make payment to the Fund under the policy described in the Claimant(s) claim.
6. The Claimant(s) agrees to pay to the Fund any amount that the Claimant may in the future receive or recover from the Agent, or from any other person in respect of the failure to the extent of the approved compensation agreed to be paid under this Deed.

EXPLANATORY NOTES

Special Notes:

The Travel Compensation Fund (TCF) only covers claims against licensed Australian travel agents, it does not cover the financial loss caused by the non-performance or insolvency of a travel service provider, such as an Airline, Coach, Cruise, Hotel or Care Rental operator.

The TCF Trust Deed requires that your claim must be lodged with the TCF within **12 MONTHS** of the travel agent ceasing business. After 12 months, the TCF is not required to accept your claim. If you think that you may be claiming on the TCF, even if you are waiting for compensation from elsewhere, you should still lodge your claim within 12 months.

1. Who Can Claim

If you have dealt with an licensed Australian travel agent, other than in the Northern Territory, who has:-

- (a) ceased trading or collapsed, or
- (b) failed to pass on the money entrusted for travel arrangements to the travel service provider, e.g. an airline, accommodation provider, etc.;

then submit a claim to the TCF where the loss is **not** covered by a travel insurance policy.

Note: A claim can be made against another agent to whom **your** travel agent has forwarded some or all of **your** money.

The **Claimant** should be the person(s) who has actually suffered the loss because of the travel agent's failure to account and whose name appears on the receipt(s), invoice(s) or supporting documentation.

2. How to Claim

In order to claim on the TCF the Claimant will need to fully complete both the **Claim For Compensation** and **Deed of Release** forms and provide **supporting documentation**.

3. Credit Card Payments

If payment was made by credit card, you should request **your** credit card provider to reverse the debit to your account. Time limits apply for notifying credit card transaction disputes. You should immediately, on realising that you will not obtain the service or product, contact your credit card provider.

If credit card provider does not re-credit your account, you should obtain written confirmation of this and include this correspondence with the Claim for Compensation.

4. Claim Processing

All claims will be dealt with as quickly as possible. Prompt claims assessment depends upon you completing the Claim for Compensation form correctly and providing all supporting documentation.

5. Travel Agent Failure to Pass On Money to the Travel Service Provider

Try to establish the whereabouts of the money paid. If you are aware of the travel service provider/s involved, such as the airline and/or the accommodation provider etc, your first step should be to contact the travel service provider/s and confirm if they have received any money for the travel arrangements. If you can confirm a booking and receipt of the payment, the travel arrangements should still be valid.

However, if they confirm a booking is held but payment has **not** been received, the TCF will require confirmation in writing from the travel service provider/s. All relevant details should be included with the Claim for Compensation.

6. **Third Party Re-financing**

If the travel arrangements were re-financed by someone else (such as another travel agent or travel service provider), ensure that you receive a new invoice, which acknowledges that a debt is owed by you to the re-financing party. The claimant can nominate a third party to receive the compensation payment by completing the relevant section of the Deed of Release form.

The re-financing party should be made aware that there **is no guarantee a claim will be approved prior to an assessment being made by the TCF.**

7. **Power Of Attorney**

If for some reason the Claimant involved cannot complete and/or sign the Claim Form, they may nominate a person under a Power Of Attorney. This will authorise the nominated party to complete and lodge the Claim Form on their behalf. **The TCF must sight the Power Of Attorney.**

8. **Supporting Documentation**

- **Attach all “ORIGINAL” documentation:**

Include – All receipts, booking invoice, travel Itinerary, unused tickets/vouchers plus any other documents supplied by the agent. This will ensure assessment of your claim without unnecessary delay.

If receipts have been destroyed or lost, please explain how this occurred on the Declaration by Claimant page of the Claim for Compensation.

Note: Retain copies of all documentation forwarded to the TCF for your personal records.

- **Proof of Payment:**

If the original receipt/s cannot be provided, the Claimant must provide evidence as to the source of the funds.

If payments were made by the following means, the TCF requires:

<i>CHEQUE:</i>	A copy of bank/credit union statement reflecting the relevant debit.
<i>DEBIT CARD:</i>	A copy of bank/credit union statement reflecting the relevant debit.
<i>CREDIT CARD :</i>	A copy of the credit card statement reflecting the relevant charge.
<i>DIRECT DEPOSIT:</i>	The customers copy of the direct deposit slip reflecting bank stamp.
<i>MONEY ORDER:</i>	The customer copy of the money order reflecting Australia Post stamp.
<i>CASH:</i>	A copy of bank statement or savings book, reflecting withdrawal of funds.

Note: Where no proof is supplied, the claimant must provide an explanation on the Declaration by Claimant page of the Claim for Compensation, as to the source of these funds.