



The Ontario Travel Industry Compensation Fund Customer Claim Form Package Travel Agency or Travel Wholesaler (Tour Operator) Failure



The Ontario Travel Industry Compensation Fund

The Ontario Travel Industry Compensation Fund (The Fund) provides reimbursement of monies (to a maximum of \$5,000.00 per person) paid to an Ontario registered travel agency/website for travel services that are not provided due to the bankruptcy or insolvency of an Ontario registered travel agency/website or Ontario registered travel wholesaler or an airline or cruise line, where a reimbursement has not otherwise been provided. As long as the consumer has dealt through a registered Ontario travel agency/website, a claim may be filed against the Fund for the non-provision of travel services.

There are two types of claims that may be filed using this form:

A Standard Claim is a claim for travel services that were paid for but not provided as a result of the failure of a an Ontario registered travel agency/website or an Ontario registered travel wholesaler (tour operator). You must have purchased your travel services from an Ontario registered travel agency/website

What is the eligible claim amount based on for a Standard Claim?

The Fund only reimburses the amount paid for the original travel services purchased from an Ontario registered travel agency/website and not provided due to the bankruptcy or insolvency of either a registered Ontario travel agency/website or a registered Ontario travel wholesaler (tour operator). The Compensation Fund does not reimburse consumers for the cost of the replacement (new) travel services purchased.

A Trip Completion Claim is a claim for reasonable expenses incurred to complete a trip where a customer or another person has commenced travel prior to the closure/failure of an Ontario registered travel retailer or travel wholesaler and were unable to receive the travel services purchased resulting in expenses being incurred in destination (transportation, accommodation and meals) to complete the trip.

****Trip Completion Claims are not eligible when the non-provision of travel services is due to the closure/failure of an airline or cruise line.**

You must have purchased your travel services from an Ontario registered travel agency/website to have an eligible claim.

What is covered for a Trip Completion Claim?

A consumer may only claim for the following reasonable expenses related to trip completion:

- The cost of airfare, car hires or other transportation required in order to bring the customer or other person to the final destination. The individual may also be returned home if it is preferable and does not exceed the cost to bring the person to the final destination.
- The cost of necessary accommodation and meals for the customer or other person before the trip can be completed.
- Costs related to obtaining access to money or making financing arrangements to enable one to pay for the above costs. For example, this could include costs of wire transfers or costs of phone calls and faxes to arrange for funds to be sent.



Who Should be the Claimant and Complete the Claim form?

The individual who made payment to the Ontario registered travel agency for the travel services that were not provided, should complete the claim form. In some instances, it is necessary for more than one person to complete a claim form as one person may have paid the deposit and another person may have paid the balance owing for the trip.

Filing Deadline for a Customer Claims

A claim must be filed within 6 months after the relevant TICO registered travel retailer and/or travel wholesaler becomes bankrupt or insolvent or ceases to carry on business. Claims received beyond the filing deadline will not be valid, therefore it is important to submit your claim immediately. **Should you not be able to obtain all the required supporting documentation in order to substantiate your claim in a timely manner, please submit your claim with as much supporting information as possible and send the additional documentation when it is obtained to avoid late filing.**

TICO's Claims Process – What Happens Next

Once the ORIGINAL claim form is received at TICO, TICO's claims staff will send you a notice in writing acknowledging receipt of your claim and providing you with your assigned claim number. Claims are processed in the order of receipt to ensure equitable treatment. If further information and/or documentation is required TICO claims staff will contact you in writing to request further information. Once a claim contains all the required documentation, the claim will be presented to TICO's Board of Directors for its consideration. The Board must ensure that each claim is eligible under Ontario Regulation 26/05. TICO will notify you in writing of the Board's decision.

Appeal Process

In the event that the Board of Directors denies a claim, claimants are advised that they have the right to appeal the Board's decision and request a hearing before the Licence Appeal Tribunal (LAT). Full details on how to file an appeal with LAT is provided to claimants with TICO's written notice of the Board's decision. Should you have any questions about filing a claim, please feel free to contact TICO to review your circumstances and obtain some guidance as to whether you may have an eligible claim against the Travel Compensation Fund. Please contact TICO at 1-888-451-8426 or (905) 624-6241 or email: tico@tico.ca.

Please mail your ORIGINAL claim form and documentation to:

**The Travel Industry Council of Ontario
2700 Matheson Boulevard East
Suite #402, West Tower
Mississauga, Ontario
L4W 4V9**



CLAIM NO:

CUSTOMER CLAIM

TRAVEL AGENCY OR TRAVEL WHOLESALER (TOUR OPERATOR) FAILURE

AMOUNT OF CLAIM \$ _____

CLAIMANT:

FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT/SUITE _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE: HOME _____ BUSINESS/CELL _____

EMAIL ADDRESS _____

CLAIM AGAINST:

SINORAMA HOLIDAYS INC.

NAME _____

7077 KENNEDY ROAD _____ **201** _____

ADDRESS _____ SUITE _____

MARKHAM _____ **ON** _____ **L3R 0B8** _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CLOSURE/FAILURE DATE: AUGUST 08TH, 2018 **FILING DEADLINE DATE:** FEBRUARY 11, 2019

A CUSTOMER OR A REGISTRANT MAY MAKE A CLAIM IN WRITING TO THE BOARD OF DIRECTORS WITHIN SIX MONTHS AFTER THE RELEVANT REGISTRANT BECOMES BANKRUPT OR INSOLVENT OR CEASES TO CARRY ON BUSINESS. A CLAIM MADE AFTER THE FILING DEADLINE IS NOT ELIGIBLE. PLEASE NOTE THE FILING DEADLINE DATE ABOVE.

RECEIPT OF YOUR ORIGINAL CLAIM FORM WILL BE ACKNOWLEDGED IN WRITING. PLEASE CONTACT THE TRAVEL INDUSTRY COUNCIL OF ONTARIO SHOULD YOU NOT RECEIVE AN ACKNOWLEDGEMENT WITHIN TWO WEEKS OF SUBMITTING YOUR CLAIM.

1. ORIGINAL TRAVEL SERVICES PURCHASED

(a) NAME OF ONTARIO TRAVEL AGENT (AGENCY) OR WEBSITE FROM WHICH TRAVEL SERVICES WERE PURCHASED:

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HOW WAS THE BOOKING MADE? ON LINE _____ BY PHONE _____ IN PERSON _____

(b) TRAVEL INFORMATION

DEPARTURE DATE	RETURN DATE	PLACE OF ORIGIN	DESTINATION

NUMBER OF PEOPLE TRAVELLING:			
NAMES OF PASSENGERS:	FIRST:	LAST:	

(c) IF APPLICABLE, INDICATE NAME OF ANY OTHER SUPPLIER OF TRAVEL SERVICES

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(d) DID YOU RECEIVE A RECEIPT(S) IN EXCHANGE FOR YOUR PAYMENT(S)?

Yes _____ No _____

(e) ARE YOU IN POSSESSION OF TICKETS, VOUCHERS OR TRAVEL DOCUMENTS, WHICH CANNOT BE USED?

Yes _____ No _____

(f) DID YOU USE / RECEIVE ANY OF THE TRAVEL SERVICES PURCHASED?

Yes _____ No _____ If so, what services were used / received?

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(g) PAYMENT INFORMATION FOR ORIGINAL TRAVEL SERVICES PURCHASED

PAYMENT NUMBER	1	2	3	4	5
AMOUNT OF PAYMENT					
DATE OF PAYMENT					
METHOD OF PAYMENT (Cash/Cheque/Debit/ E-transfer/Credit Card)					

IF PAID BY CREDIT CARD, HAVE YOU REQUESTED A REVERSAL (REFUND) OF CHARGE(S) FOR ANY TRAVEL SERVICES THAT WERE PAID FOR AND NOT PROVIDED FROM THE CREDIT CARD COMPANY?

Yes _____ No _____ (IF NO, SEE PAGE 6 – SECTION 6 (F))

(h) BRIEFLY DESCRIBE THE TRAVEL SERVICES CONTRACTED FOR: (AIR ONLY, AIR & LAND PACKAGE, CRUISE, ACCOMMODATION, CAR RENTAL ETC.)

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(i) DID YOU TRAVEL ON THE ORIGINAL TRAVEL SERVICES PRIOR TO AUGUST 8TH, 2018 ?

Yes _____ No _____

IF YES, WERE YOU REQUIRED TO PAY AGAIN IN DESTINATION FOR **YOUR ORIGINAL TRAVEL SERVICES PURCHASED** (TRANSPORTATION, ACCOMMODATION AND/OR MEALS) **IN ORDER TO CONTINUE WITH YOUR TRAVEL PLANS?**

Yes _____ No _____ IF YES PROCEED TO QUESTION #2.

IF NO, DID YOU PURCHASE **ALTERNATE (NEW) REPLACEMENT TRAVEL SERVICES** IN ORDER TO CONTINUE WITH YOUR TRAVEL PLANS?

Yes _____ IF YES PROCEED TO QUESTION # 3

No _____ IF NO PROCEED TO QUESTION #4)

2. ADDITIONAL EXPENSES INCURRED IN DESTINATION

(a) WHAT AMOUNT WAS REQUIRED AS PAYMENT FOR TRAVEL SERVICES PURCHASED IN DESTINATION? PLEASE SUBSTANTIATE WITH RECEIPT(S) AND FORM(S) OF PAYMENT

AMOUNT OF PAYMENT	DATE OF PAYMENT	METHOD OF PAYMENT (CHEQUE/ CASH/DEBIT/E-TRANSFER/CREDIT CARD)	COMPANY/ TRAVEL SERVICE

3. ALTERNATE (NEW) TRAVEL SERVICES PURCHASED

(a) NAME OF COMPANY TO WHICH PAYMENT WAS MADE FOR ADDITIONAL EXPENSES IN DESTINATION / ALTERNATE (NEW) TRAVEL SERVICES:

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(b) WHAT AMOUNT(S) WAS REQUIRED AS PAYMENT?

AMOUNT OF PAYMENT	DATE OF PAYMENT	METHOD OF PAYMENT (CHEQUE/CASH/DEBIT/E-TRANSFER/CREDIT CARD)

c) IF THE TRAVEL SERVICES WERE THE SAME AS QUESTION #1, CHECK HERE OR PROVIDE THE FOLLOWING DETAILS:

DEPARTURE DATE	RETURN DATE	PLACE OF ORIGIN	DESTINATION

NUMBER OF PEOPLE TRAVELLING:		
NAMES OF PASSENGERS:	FIRST:	LAST:

4. ADDITIONAL INFORMATION

(a) WAS TRAVEL INSURANCE PURCHASED?

Yes _____ No _____ If no proceed to (e)

(b) WHAT IS THE NAME OF THE INSURANCE COMPANY? _____

PREMIUM PAID? _____ DATE PAID? _____

POLICY NUMBER: _____

(c) HAVE YOU FILED A CLAIM WITH THE INSURANCE COMPANY?

Yes _____ No _____ IF YES, WHEN WAS IT FILED? _____

IF NO, PLEASE ADVISE WHY A CLAIM WAS NOT FILED _____

(d) DID YOU RECEIVE A REIMBURSEMENT FROM THE INSURANCE COMPANY?

Yes _____ No _____

IF YES, HOW MUCH DID YOU RECEIVE \$ _____

(e) HAVE YOU FILED A CLAIM WITH THE TRUSTEE IN BANKRUPTCY IF ONE HAS BEEN APPOINTED?

Yes _____ No _____

IF YES, WHEN WAS IT FILED? _____ TRUSTEE CLAIM NO: _____

IF NO, PLEASE ADVISE WHY A CLAIM WAS NOT FILED _____

NAME OF TRUSTEE IN BANKRUPTCY _____

ADDRESS _____

6. REQUIRED DOCUMENTATION TO BE SUBMITTED WITH CLAIM:

**THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF YOUR CLAIM;
PHOTOCOPIES ARE NOT ACCEPTABLE:**

- (a) RECEIPT(S) AND INVOICE(S) ISSUED BY TRAVEL AGENT
- (b) ORIGINAL CHEQUE(S) IN PAYMENT TO TRAVEL AGENT
(ORIGINAL OR PHOTOCOPY OF FRONT AND BACK STAMPED "CERTIFIED & TRUE" BY YOUR BANK)
- (c) IF PAID BY CREDIT CARD, YOUR MONTHLY STATEMENT INDICATING THE CHARGE(S) MUST BE SUBMITTED
- (d) IF APPLICABLE, WRITTEN PROOF OF REFUSAL BY THE INSURANCE COMPANY TO PROVIDE REIMBURSEMENT
- (e) IF APPLICABLE, WRITTEN PROOF OF REFUSAL OR REIMBURSEMENT BY THE TRUSTEE IN BANKRUPTCY
- (f) WRITTEN PROOF OF REFUSAL BY THE CREDIT CARD COMPANY TO PROVIDE REIMBURSEMENT
PLEASE NOTE: ALL CLAIMANTS WHO PAID BY CREDIT CARD FOR THE ORIGINAL TRAVEL SERVICES NOT PROVIDED ARE REQUIRED TO CONTACT THEIR CREDIT CARD COMPANY TO DISPUTE THE CHARGE AND REQUEST A CHARGEBACK (CREDIT / REVERSAL OF CHARGE) ON THEIR ACCOUNT. IF DENIED, WRITTEN PROOF OF REFUSAL FROM THE CREDIT CARD COMPANY MUST BE SUBMITTED IN SUPPORT OF YOUR CLAIM
- (g) IF ANY PAYMENTS HAVE BEEN DUPLICATED, OR IF ALTERNATE (NEW) TRAVEL SERVICES WERE PURCHASED, PLEASE SUBSTANTIATE AS PER a), b) AND c) ABOVE
- (h) AIRLINE'S/CRUISE LINE'S/WHOLESALER'S INVOICE TO TRAVEL AGENT (YOUR TRAVEL AGENT MUST SUPPLY)
- (i) TRAVEL AGENT'S ORIGINAL PAYMENT TO AIRLINE/CRUISE LINE/TRAVEL WHOLESALER (YOUR TRAVEL AGENT MUST SUPPLY, IF APPLICABLE) (IF PAID BY CHEQUE ORIGINAL OR PHOTOCOPY OF FRONT AND BACK STAMPED "CERTIFIED & TRUE" BY THE TRAVEL AGENT'S BANK)
- (j) ALL UNUSED TICKETS, VOUCHERS OR TRAVEL DOCUMENTS

7. PLEASE ENSURE THE FOLLOWING HAS BEEN COMPLETED:

- a) PAGE 6 MUST BE SIGNED AND DATED BY CLAIMANT
- b) SUBROGATION FORM ON PAGE 7 MUST BE SIGNED AND DATED BY CLAIMANT
- c) PAGES 8 AND 9 IS THE SWORN AFFIDAVIT OF THE CLAIMANT AND REQUIRES AN OATH TO BE SWORN OR AN AFFIRMATION TO BE MADE BEFORE A COMMISSIONER OF OATHS, NOTARY PUBLIC OR A LAWYER. FULL DETAILS MUST BE LEGIBLE INCLUDING PRINTED NAME OF COMMISSIONER OF OATHS, NOTARY PUBLIC OR LAWYER, DATE OF EXPIRY OF COMMISSION (FOR COMMISSIONER OF OATHS ONLY), FULL ADDRESS AND TELEPHONE NUMBER OF THE PERSON TAKING YOUR AFFIDAVIT.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS CLAIM AND IN ALL DOCUMENTS ACCOMPANYING THIS CLAIM IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

DATE

SIGNATURE OF CLAIMANT

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RELEASE AND SUBROGATION FORM

In consideration of the payment or partial payment of the claim of the undersigned by The Travel Industry Council of Ontario ("TICO"), the undersigned claimant hereby discharges and forever releases TICO from all further claims, demands and liability, loss and damage in relation to the claim. Provided, however, that this release shall, in the event of partial payment of the claim of the undersigned, be applicable only to the extent of the claim of the undersigned actually paid.

TICO is hereby subrogated in the place of, and to all rights to recovery, claims and demands of the undersigned against any person or organization, including but not limited to, **SINORAMA HOLIDAYS INC.** which includes its subsidiaries, parent companies, successors, agents and assigns any party claiming through them to the extent of the payment made. The undersigned further authorizes TICO to commence any action and/or proceeding, compromise, adjust or settle any action and/or proceeding in the name of the undersigned or otherwise at the expense of TICO, with respect to the claim to the extent of any payment made by TICO with respect to the claim. Where only a portion of the undersigned's claim has been paid by TICO, it is hereby authorized to act as the undersigned's agent with respect to the balance of the claim of the undersigned and in that regard, is empowered to commence any action or proceeding, compromise, adjust or settle any action and/or proceeding in the name of the undersigned or otherwise at the expense of TICO, including the giving of releases in the name of the undersigned for such part of the undersigned's claim not subrogated herein. Any monies recovered by TICO or on its behalf shall be applied firstly towards the costs incurred in recovering the said monies and secondly towards that portion of the claim paid by TICO and the balance, if any, shall be remitted by TICO to the undersigned.

It is understood and agreed that in the event a further payment is received by the undersigned from TICO, this Release and Subrogation shall apply to such further payment without re-execution of this document.

The undersigned hereby confirms that it has not received payment or reimbursement of the said claim from any other source and that the undersigned has not released or discharged the said claim, or any part thereof, against any other person or corporation and covenants that it will furnish TICO with all papers and information in its possession and execute such documents and do everything in its power necessary for proper litigation of the said claim. In the event that the undersigned receives any payment or reimbursement of the said claim from any other source subsequent to the date hereof, the undersigned agrees to immediately advise TICO of such payment or reimbursement and immediately remit such payment and/or reimbursement to TICO.

IN WITNESS WHEREOF the undersigned hereby executes this document dated

THE _____ DAY OF _____ 20 _____

Printed Name of Claimant

Signature of Claimant

Claimant's Address

Printed Name of Witness

Signature of Witness

IF THE TRAVEL INDUSTRY COUNCIL OF ONTARIO FAILS TO MAKE PAYMENT OF THE CLAIM, THIS DOCUMENT IS NULL AND VOID

AFFIDAVIT OF CUSTOMER CLAIMANT

IN THE MATTER OF A CLAIM FOR REFUND FROM THE TRAVEL INDUSTRY COUNCIL OF ONTARIO UNDER THE *TRAVEL INDUSTRY ACT, 2002*, S.O. 2002, CHAPTER 30 SCHEDULE D AS AMENDED AND THE REGULATIONS THERETO:

I, _____ OF THE _____
NAME OF CLAIMANT CITY/TOWN, ETC.

OF _____ IN THE _____
NAME OF CITY/TOWN, ETC. COUNTY / DISTRICT / REGIONAL MUNICIPALITY

OF _____
NAME OF COUNTY / DISTRICT / REGIONAL MUNICIPALITY

MAKE OATH AND SAY AS FOLLOWS:

1. THAT I AM THE CLAIMANT IN THIS MATTER AND AS SUCH HAVE PERSONAL KNOWLEDGE OF THE MATTERS HEREINAFTER SWORN TO.

2. THAT ON THE _____ DAY OF _____, 20____, I AGREED

WITH _____ TO PURCHASE THROUGH _____
(NAME OF TRAVEL AGENCY) (NAME OF SUPPLIER OF TRAVEL SERVICES)

TRAVEL SERVICES WHICH WERE TO CONSIST OF _____

(GIVE BRIEF DESCRIPTION OF TRAVEL SERVICES CONTRACTED FOR)

3. THAT ON THE _____ DAY OF _____, 20____, I PAID

TO _____ BY WAY OF CASH, CHEQUE OR CREDIT CARD,
(NAME OF TRAVEL AGENCY)

(INDICATE WHICH), THE SUM OF _____ WHICH AMOUNT REPRESENTED THE **DEPOSIT** ON THE PURCHASE PRICE OF THE TRAVEL SERVICES. ATTACHED HERETO AND MARKED EXHIBIT "A" TO THIS MY AFFIDAVIT IS THE RECEIPT, CANCELLED CHEQUE OR CREDIT CARD VOUCHER GIVEN TO ME BY

(NAME OF TRAVEL AGENCY)

DATED THE _____ DAY OF _____, 20____, RESPECTING THIS PAYMENT.

4. THAT ON THE _____ DAY OF _____, 20____, I PAID

TO _____ BY WAY OF CASH, CHEQUE OR CREDIT CARD,
(NAME OF TRAVEL AGENCY)

(INDICATE WHICH), THE SUM OF _____ WHICH AMOUNT REPRESENTED THE **BALANCE** OF THE PURCHASE PRICE OF THE TRAVEL SERVICES. ATTACHED HERETO AND MARKED EXHIBIT "B" TO THIS MY AFFIDAVIT IS THE RECEIPT, CANCELLED CHEQUE OR CREDIT CARD VOUCHER GIVEN TO ME BY

(NAME OF TRAVEL AGENCY)

DATED THE _____ DAY OF _____, 20____, RESPECTING THIS PAYMENT.

5. I CONFIRM THAT I HAVE NOT USED / RECEIVED ANY OF THE TRAVEL SERVICES FOR WHICH I AM MAKING A CLAIM FOR REIMBURSEMENT.

- 6. ANY TRAVEL SERVICES THAT WERE PROVIDED HAVE BEEN PROPERLY DISCLOSED ON THE CLAIM FORM.
- 7. THE INFORMATION CONTAINED IN THE ATTACHED CLAIM FORM AND IN THE DOCUMENTS ATTACHED THERETO IS TRUE AND COMPLETE IN EVERY RESPECT. THIS AFFIDAVIT IS MADE IN SUPPORT OF MY CLAIM FROM THE TRAVEL INDUSTRY COUNCIL OF ONTARIO.

I UNDERSTAND AND ACKNOWLEDGE THAT THE MAKING OF A FALSE STATEMENT UNDER OATH OR SOLEMN AFFIRMATION, SUCH AS THIS AFFIDAVIT, OR STATUTORY DECLARATION, MAY BE AN OFFENCE UNDER SECTION 131 OF THE *CRIMINAL CODE OF CANADA*, R.S.C. 1985, C. C-46, AND MAY DISENTITLE ME FROM COMPENSATION.

SWORN BEFORE ME AT THE _____ OF _____ }
 _____ }
 IN THE _____ OF _____ } _____
 _____ } SIGNATURE OF CLAIMANT
 THIS _____ DAY OF _____ A.D. 20 _____ }

A Commissioner, etc.

 Signature of Official Taking the Affidavit

 Name of Official (Print)

 Address of Official Taking the Affidavit

 Telephone Number of Official

Stamp or Seal of Official

PLEASE NOTE: THIS IS THE SWORN AFFIDAVIT OF THE CLAIMANT AND REQUIRES AN OATH TO BE SWORN OR AN AFFIRMATION TO BE MADE BEFORE A COMMISSIONER OF OATHS, NOTARY PUBLIC OR A LAWYER. FULL DETAILS MUST BE LEGIBLE INCLUDING PRINTED NAME OF COMMISSIONER OF OATHS, NOTARY PUBLIC OR LAWYER, DATE OF EXPIRY OF COMMISSION (FOR COMMISSIONER OF OATHS ONLY), ADDRESS AND TELEPHONE NUMBER OF THE PERSON TAKING YOUR AFFIDAVIT.