** Passenger Expenses Claim Form**

Please note that further information may be sought from you to verify and process your claim. This may include a description of you and members of your travelling party which can be used to review CCTV if required. In making this claim you agree that your personal data and that of the Travelling Party (whose consent you have obtained) may be shared with third party service providers for the purposes of assisting daa to process your claim and to enable daa and/or such third-party service providers to verify and validate all aspects of your claim.

Please give a brief description of your claim:

If yes, can you please confirm whether you have pursued a claim with your insurer in relation to this incident?

*If travel was rebooked:*

Date of rebooked travel: Rebooked flight number:

Lead passenger name:

Lead passenger email address:

What time did you arrive at Dublin Airport (into the terminal or into a queue for entering the terminals, whichever was first)?

Yes

Do you have travel insurance?

No

**Please include receipts/evidence for out-of-pocket expenses and return them with this form to** **customerexperience@dublinairport.com**

Original date of travel: Original flight number:

Passenger name(s):