

LOST DAMAGED BAGGAGE – PERSONAL EFFECTS CLAIMS REPORT

IMPORTANT: Claims should be supported by original receipts of purchase, police reports and a copy of your airline ticket. It is important that all questions on this claim report be answered.

For prompt service, ensure that the form is completed in full. If any section is not applicable indicate by N/A.

INSURED MEMBER'S INFORMATION

Insured Member's Full Name:		Date of Birth:	YYYY	MM	DD
Claimant's Name:	Relationship:	Date of Birth:	YYYY	MM	DD
To be completed by Insured Members who are claiming for a Common-Law Spouse:					
On what date did you begin living with your Common-Law Spouse?	YYYY	MM	DD	If yes, please provide date of divorce decree:	YYYY MM DD

CLAIM DETAILS

Departure Date from Province:	YYYY	MM	DD	Return Date to Province:	YYYY	MM	DD
If the loss/damage occurred while your baggage was handled by a commercial transportation company, please complete the following questions and submit a copy of the details of the travel carrier's settlement or denial of your claim.							
Name of Transport Company:				Flight/Train No:			
Date of Trip:	From:	To:	Time:				
Date of Loss:	YYYY	MM	DD	Location – Town/City Country:			
In your own words, please provide a full description of the details of how and where this loss happened (if space is insufficient, please continue on a separate sheet of paper).							
The police were notified in <input type="checkbox"/> writing or <input type="checkbox"/> verbally at the following address:							
Police Report No.:	*Copy of Police Report is required.			Date Notified:	YYYY	MM	DD
Do you have a Homeowner's Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please give the name of the Company:				Policy No.:			

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Are any of the loss items individually insured under this policy? Yes No

if yes, please list the items and the amounts covered below:

Did you have any other travel baggage insurance coverage while making this trip? Yes No

If yes, please give the name of the Company: _____ Policy No.: _____

**Attach a copy of settlement received from homeowners or travel baggage insurer.*

SCHEDULE OF LOST OR DAMAGED PROPERTY

If space provided below is insufficient, please continue on a separate sheet of paper. Please attach all original purchase receipts.

Claimant	Article	When Purchased	Where Purchased	Original Value / Price paid	Amount Claimed
Total:					

I hereby certify that the above statements are true and accurate to the best of my knowledge and belief.

Signed _____ Date YYYY | MM | DD

Permanent Address		Mailing Address	
City / Town	Province	City / Town	Province
Postal Code	Telephone #	Postal Code	Telephone #
Name of Witness		Date: YYYY MM DD	