

BAGGAGE CLAIM

(To be filled out by Claimant)

1. TYPE OF CLAIM: CHECK ALL THAT APPLY

- Lost Baggage
- Missing Contents
- Damaged Baggage
- Delayed Expenses

2. CLAIMANT'S FULL NAME: Permanent Address
Telephone No: Email Address

3. STATEMENT OF CLAIM:

Claim is hereby made in the amount of \$..... For baggage and/or personal effects

TRAVEL ITINERARY:-

Enter only from point at which baggage was checked/carried to destination

| FROM | ТО | AIRLINE | FLIGHT NO. | CLASS | DATE |
|------|----|---------|------------|-------|------|
| | | | | | |
| | | | | | |
| | | | | | |

| Passenger Ticket Number: | Issued in name of |
|--|--|
| 4. WAS BAGGAGE CHECKED | OR UNCHECKED |
| Was the property insured under your own policy: | |
| If the baggage was checked please advise: | |
| Total number of checked pieces of checked baggage | |
| Number of pieces damaged | |
| Total weight of checked baggage (if known), in kilos | or pounds |
| Was baggage pooledIf so, how ma | iny passengers |
| Baggage Tag number(s) Final destina | tion shown on baggage tag(s) |
| Did you pay excess baggage charges If yes, list bagg | age ticket number shown on the receipt |
| Did you declare excess valuation? If y | es, how much: \$ |

Also complete reverse side

6. NOTICE OF LOSS OR BAGGAGE:

| Claimant last saw property sound and complete at | | on | | |
|---|-------|-------|----|----|
| | Place | | | |
| Claimant took custody of property from | at | | on | 20 |
| | | Place | | |
| Claimant first noticed loss or damage to property at | | on | | 20 |
| | Place | | | |
| Claimant gave first notice of loss or damage in writing toAirline | | | | |
| | | | | |
| at | on | | 20 | |
| Place | | | | |

7. GIVE ANY OTHER INFORMATION WHICH YOU MAY POSSES IN REFERENCE TO THIS CLAIM:

(use separate sheet of paper if necessary)

.....

| QTY | ARTICLE/ITEM (LIST CONTENTS OF EACH PIECE OF BAGGAGE SEPERATELY) | WHEN PURCHASED | WHERE PURCHASED | PRICE PAID | COST TO REPAIR | AMOUNT CLAIMED |
|-----|--|-------------------|--------------------|------------|-------------------|-------------------|
| | | | | | | |
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8. LIST LOSS OR DAMAGE: (continue on separate sheet if necessary)

It is expressly understood and agreed by me that furnishing of this form and any assistance furnished by employees of any Carrier are acts of courtesy and are not an admission of liability by or on the part of any Carrier. Any other information and/or documents relating to this claim which are required by any Carrier will be furnished by me upon request and shall be considered a part of this claim.

The statements contained herein, including the values placed upon the articles enumerated above, are true and correct to the best of my knowledge and belief.

Date

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Claimant Signature

ATTACH THE FOLLOWING DOCUMENTS OR LEGIBLE PHOTOCOPIES

Property Irregularity Report, Receipts for the articles/items claimed, Bag Tags, Excess Baggage Receipt