



IDENTIFICATION

Name of primary insured _____		Policy number: _____		
Address _____ _____		Telephone numbers Work: Area code + number Home: Area code + number		
Postal code _____		Date of birth	Year Month Day 	
Name of the other insureds filing a claim _____		Date of birth	Year Month Day 	

Destination _____	Date of departure	Year Month Day 	Date of return	Year Month Day

CLAIM INFORMATION

The baggage or personal effects were

Lost by the common carrier Amount of claim \$ _____ Stolen Amount of claim \$ _____

Damaged Amount of claim \$ _____ Delayed Amount of claim \$ _____

Where did the loss occur (indicate city and country) _____ Date of the event Year Month Day
| | | | | | | | | |

Describe the circumstances _____

DAMAGE DUE TO TRANSPORTATION (FLIGHT OR OTHER)

Were the items under the care of an airline, rail or shipping company, or another type of carrier? Yes No

A- If so, specify the name of the carrier: _____

B- Was an official claim submitted to the carrier? Yes No
(If so, please attach a copy of the reply obtained.)

C- If not, explain: _____

LOSS RESULTING FROM THEFT WITH BREAKING-AND-ENTERING OR OTHER

POLICE REPORT

A- Where was the report filed? (indicate city and country) _____ Date Year Month Day
| | | | | | | | | |

B- What action did the police take? _____

PLEASE INCLUDE THE POLICE REPORT*

*(In the absence of a police report, in certain cases, a report from a tour guide, a hotel or a representative of the carrier will be accepted.)



