



**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 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.)

