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BAGGAGE LOSS CLAIM FORM

Instructions: Failure to supply complete information may delay your claim process!

1. Complete all information requested below.
2. Attach a copy of baggage loss claim form filed with common carrier, hotel/resort.
3. Attach a copy of common carrier or hotel/resort settlement check or denial letter.
4. Attach a copy police report if due to theft or burglary.
5. Attach copy of documentation of ownership (receipt, instruction book, warranty card, photo, etc).
6. Attach repair estimate or receipt if applicable.
7. Complete fully and sign this claim form.

Information about You and Your Claim

Name of Insured person and all persons traveling with you covered under this policy:

1) _____ Date of Birth: ___/___/___

2) _____ Date of Birth: ___/___/___

3) _____ Date of Birth: ___/___/___

4) _____ Date of Birth: ___/___/___

Present Address: _____

City, State, and Zip: _____

Home Telephone: _____ **Work Telephone:** _____

Name and telephone of Travel Agency from whom you purchased your trip:

Your Scheduled Departure Date: _____ **Your Scheduled Return Date:** _____

Your Travel Insurance Certificate #: _____
(This is on your travel insurance receipt)

Date and time of loss? _____

Cause of Loss: _____

Did you receive any compensation from the carrier? No ___ Yes ___ If yes, amount? \$ _____

To calculate your claim:

Total Cost to Replace: \$ _____ (Complete inventory form below)

Less: Depreciation: - _____

Less: Payment by Carrier: - _____

Total Actual Value Loss: \$ _____

INVENTORY OF BAGGAGE LOSS

| Item | Cost to Buy | Age of Orig. | (Do Not Complete) Depreciation | (Do Not Complete) Actual Value |
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| Totals: | | | | |

I/We attest that all the information submitted is true and accurate to the best of our knowledge. Furthermore, I/We agree that this insurance shall be void if, whether before or after the loss/incident, any person has concealed or misrepresented any fact or circumstance concerning this claim. The signatures of all parties that are party to this claim appear below

 (Signature of Claimant)

 (Date: mm/dd/yyyy)

 (Signature of Claimant)

 (Date: mm/dd/yyyy)