LOST / DAMAGED BAGGAGE CLAIM FORM

YOUR CLAIM MUST BE FILED WITHIN 90 DAYS OF INCIDENT.

Step 1: Complete and sign the attached claim form.

Step 2: Please provide the following documentation, if applicable, and check the appropriate box for each item included:

- Copy of the original itemized receipts for items claimed as proof of value. Please note depreciation will be applied for items older than one year.
- A copy of the irregularity/incident report from the airline if loss occurred while baggage was in custody of an airline.
- A copy of the Stolen Property or Theft Report from police or other authority if claiming for stolen goods.
- Photograph of the damaged item (if claiming for damaged goods) or repair bill/estimate.
- For claims in excess of $500.00 (CAD) please enclose a photocopy of your personal insurance declaration page.
- A copy of the final statement of any claim(s) you submitted to any other insurance company/airline/supplier.
- Copy of your monthly credit card statement showing the pre-payment of the original trip (if your insurance coverage is through your credit card provider).
- Copy of your original itinerary and invoice.

FREQUENTLY ASKED QUESTIONS:

1. What happens if I cannot bring the damaged item home with me or I have to throw it away?
   Allianz Global Assistance will require proof of loss. Please provide photos of the damaged item(s) with your claim for review.

2. If I have more than one insurance policy that covers this incident who should I claim with first?
   Your insurance coverage with Allianz Global Assistance is secondary to any other insurance that you may have. You should claim with your other insurance provider first.

E-mail: submit@allianz-assistance.ca

How can we help?

Allianz Global Assistance
4273 King St. E.
Kitchener, ON
N2P 2E9 Canada
Phone  519 742 2800
Fax     519 742 2581
Website:www.allianz-assistance.ca
Please print unless otherwise indicated

**SECTION 1: ACCOUNT INFORMATION**

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Case # (if applicable):</th>
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Name: ____________________________  Date of Birth (MM/DD/YY): ____________________________
Street: ____________________________
City: ____________________________  Province: _____________  Postal Code: _____________
Home Phone: _________________  Business Phone: (    ) _______________
E-mail: ____________________________
Policy Number ____________________________ (if credit card number please only list last four digits)
Name as it appears on this card ____________________________  Date of Birth of this card holder (MM/DD/YY)
Issuing Bank: ____________________________
Which card was the purchase made on?  □ Primary Card   □ Secondary Card

**List all people claiming:**

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to insured</th>
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Claim Form and Documents to:
submit@allianz-assistance.ca

Allianz Global Assistance
P.O. Box 277
Waterloo, ON
N2J 4A4
Fax: (519) 742-9471
### SECTION 2: DESCRIPTION OF LOST OR DAMAGED ITEMS (Please add additional page if necessary)

<table>
<thead>
<tr>
<th>Description of Items</th>
<th>Quantity</th>
<th>Original Date of Purchase (Month/Year)</th>
<th>Original Purchase Price (including tax)</th>
<th>Currency</th>
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**NOTE:** Any amount payable under the Baggage and Personal Effects benefit will not exceed the maximum limit set in your policy. Depreciation will be applied.

### SECTION 3: ONLY COMPLETE THIS SECTION IF LOSS / DAMAGE OCCURRED WHILE BAGGAGE WAS IN CUSTODY OF THE AIRLINE

I/We checked ________________ pieces of baggage with ___________________________________________ airline(s).

Upon arrival my baggage was:  □ Missing   □ Damaged

For damaged items:

Was the damage to item visible?  □ Yes   □ No  (If YES, please provide a photograph that proves damage)

Can the item be repaired?  □ Yes   □ No  (If YES, please attach a copy of the repair bill or estimate)

The loss was reported to ___________________ airlines at ____________________ airport on ____________________ date (MM/DD/YY).

A claim in the amount of $_______________________ has been made against the airline concerned.

The airline has paid $____________________ in _________________________________ currency.

□ I am including a copy of the airline report with this form. Claims will not be processed without this form.

**NOTE:** Do not dispose of item until all claims have been settled. You may be required to forward the damaged item to Allianz Global Assistance.
### SECTION 4: COMPLETE THIS SECTION IF LOSS / DAMAGE OCCURRED WHILE BAG WAS NOT IN AN AIRLINE’S POSSESSION

Stolen from: ________________________________________________________________________

Theft was reported to: ☐ Police ☐ Hotel Security ☐ Transportation Authority ☐ Other (specify) __________________________

Name and address of authority to whom theft was reported: _____________________________________________________________________________

Date theft occurred (MM/DD/YY) __________________________ Place of incident (City, State/Province, Country) __________________________

Describe how theft occurred:
________________________________________________________________________________________________________________________________________

☐ I am including a copy of the police report or other report from appropriate authority. Claims will not be processed without this form.

### SECTION 5: IF SECTION 3 OR 4 ARE NOT APPLICABLE TO LOSS, COMPLETE THIS SECTION

Date incident occurred (MM/DD/YY) __________________________

Place of incident (City, State/Province, Country) ______________________________________________________

Describe how loss occurred:
__________________________________________________________________________________________________________________________________________

Name and address of authority to whom loss was reported:
______________________________________________________________________________________________________________________________

**NOTE:** Do not dispose of item until all claims have been settled. You may be required to forward the damaged item to Allianz Global Assistance.

### SECTION 6: OTHER INSURANCE COVERAGE

<table>
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<tr>
<th>Do you have:</th>
<th>Insurance Company Name</th>
<th>Policy Number</th>
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<tbody>
<tr>
<td>Homeowner/Tenant/Condominium Insurance</td>
<td>☐ Yes ☐ No</td>
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</tr>
<tr>
<td>Other Insurance</td>
<td>☐ Yes ☐ No</td>
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Have you submitted a claim to any of the above? ☐ Yes ☐ No

**NOTE:** This insurance is SECONDARY to any other insurance that you may have. For any claims over $500.00 CAD we require a copy of the declaration page(s) from your other applicable insurance policies. The declaration page is the portion of your written policy that provides a summary of your coverage, including any deductibles.
## SECTION 7: IMPORTANT, PLEASE READ AND SIGN

**CERTIFICATION:** The undersigned hereby certifies that the information provided by him or her on this form and otherwise in support of this claim is complete and accurate to the best of each of his or her knowledge and belief. In the event of a false or misleading statement in the making of this claim, coverage can be void, payment of this claim denied and any claim payments made in error recovered. The undersigned agrees to refund the amount of any payments that should not have been made.

**PERSONAL INFORMATION NOTICE:** The information provided with respect to this claim is required by the insurer and its authorized administrator, Allianz Global Assistance, and any insurance adjuster appointed to investigate any losses on its behalf (collectively “we” “us” “our”) for insurance purposes, such as to assess any entitlement to benefits and to administer this claim. We will investigate and administer this claim by consulting the insurer’s existing files and by exchanging additional information with the undersigned and third parties, such as law enforcement, fire and emergency services departments, parties involved with any subrogation action, and other independent sources. **ALL REQUIRED INSURANCE, POLICE, CLAIM FORMS AND REPORTS MUST BE PROVIDED TO US BEFORE YOUR CLAIM CAN BE PROCESSED.**

Primary Cardholder/Subscriber (please print) ________________________________
Signature of Primary Cardholder/Subscriber: ________________________________ Date signed: __________________ (MM/DD/YY)

**CLAIM MUST BE FILED WITHIN 90 DAYS OF INCIDENT.**

Completed and signed claim forms and supporting documents should be returned to Allianz Global Assistance within 90 days from the date of incident. Prompt attention to this request for information is required to adjudicate your claim.

Please note that photocopies and scanned images are acceptable. However, it is your responsibility to keep the originals for one year after payment as we reserve the right to audit and ask for the originals to be sent to us during that time.

Should you choose to submit original documents they will not be returned upon completion of your claim.