

LOST / DAMAGED BAGGAGE CLAIM FORM

YOUR CLAIM MUST BE FILED WITHIN 90 DAYS OF INCIDENT.

Along with your completed and signed claim form, please provide the following documentation. Failure to provide the documentation requested will result in a delay of our claims adjudication.

- If your insurance is through your credit card provider, please provide a copy of your monthly billing statement, confirming the payment of your trip. Please ensure that the last four digits of your credit card number are visible for verification of coverage.
- A copy of your complete travel itinerary which includes passenger names, dates of travel and trip amounts.
- Documentation confirming any refunds from any other insurance or airline that you have received.
- A copy of the purchase receipt(s) for the item(s) being claimed.
- For claims that are theft related and are over \$500.00, please provide a copy of your home insurance deductible page.
- A copy of the report filed with the airline or other authority regarding the theft or damage to your property.
- For damage claims: A final repair bill or a repair estimate which outlines the cost to repair the item or confirmation that the item is not repairable.

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
Website www.allianz-assistance.ca

Legal Entities:
AZGA Service Canada Inc.
AZGA Insurance Agency Canada Ltd.

SECTION 2: DESCRIPTION OF LOST OR DAMAGED ITEMS (Please add additional page if necessary)

Description of Items	Quantity	Original Date of Purchase (Month/Year)	Original Purchase Price (including tax)	Currency
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

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 which 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

Do you have:	Insurance Company Name	Policy Number
Homeowner/Tenant/Condominium Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Have you submitted a claim to any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> 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.