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CLAIM FORM – BAGGAGE BENEFIT

CLAIMS PROCESS

A. Complete both pages of this form.
B. Sign the Agreement and Authorization section.
C. Compile a list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing.

SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE

Online via our secure website:	*By regular mail:*
canassistance.com/en/policyholder/depot Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.	**CanAssistance, Travel Claims Department** **PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7**

INSURANCE COMPANY	GROUP NUMBER (Optional)
CONTRACT, CERTIFICATE OR IDENTIFICATION NUMBER	FILE NUMBER (Optional)

Policyholder

Last name		Gender ☐ M ☐ F
First name		Date of birth Year / Month / Day
Email	Telephone 1	Telephone 2
Mailing address No / Street / Apt. / City / Province / Postal Code		
Is the policyholder submitting a claim? ☐ Yes ☐ No		

Claimants (other than policyholder)

Spouse last name	First name	Gender ☐ M ☐ F	Date of birth Year / Month / Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year / Month / Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year / Month / Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year / Month / Day

Agreement and Authorization

1. I hereby certify that I have not received any compensation for this loss giving rise to this claim other than that declared in this form.

2. I certify that I have not in any way caused or attempted to cause, directly or indirectly, this loss. I have not concealed or misrepresented any circumstances or any relevant facts regarding this coverage and its purposes.

3. I hereby agree to assign to CanAssistance Inc. all benefits payable by third parties for losses covered under the policy. Furthermore, following the application for reimbursement from CanAssistance Inc., I authorize third parties to pay CanAssistance Inc., the benefits payable regarding these losses.

4. To assess my application for benefits, I authorize insurance companies, airline companies, travel agents and any other organization or person who have information about me or the loss leading to my claim, to convey that information to CanAssistance Inc. Further, I authorize CanAssistance Inc. to provide my information to the insurer of my travel policy and to its reinsurers, to internal and external auditors and to any professional or organization mandated by CanAssistance Inc. within the context of my claim.

5. I declare that the information and details given on this form and the information provided in the attached documents are complete and true, and I am aware that any false declaration shall nullify the insurance certificate or insurance policy and shall result in the denial of my application for benefits.

6. By sending us this form, you understand that we will process your personal information in accordance with the terms of our Privacy Policy. We invite you to read our Privacy Policy available on our web site, which provides, without limitation, information about the categories of third parties to whom it is necessary to communicate your personal information, sometimes outside your province of residence, and your rights to access and correct your personal information.

Signature of Policyholder or legal heir: _____ Date: _____

Signature of Spouse if they are claiming: _____ Date: _____

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CLAIM FORM – BAGGAGE BENEFIT

FOR OFFICE USE

Information About the Incident

Type of claim ☐ Damage ☐ Delay ☐ Loss ☐ Theft

Place of incident (city and country)			Date of incident Year / Month / Day
Destination	Airline	Date of departure Year / Month / Day	Date of return Year / Month / Day
Number of checked baggage	Number of lost or delayed baggage	Number of hours delayed	Date baggage was received Year / Month / Day

Did you report the incident to the police, the airline company or any other authority? ☐ Yes ☐ No

Other Insurance

Please list below all your, your spouse's or your parents' (if you are a dependent) other travel insurance coverage.

Group Insurance: ***(via an employer, a pension plan or any other group benefit plan)***

Policyholder _____ Date of birth Year / Month / Day _____ Insurance Company _____

Policy number _____ Company phone number _____

Identification number _____

Tavel Insurance with a Credit Card Company:

Cardholder _____ Date of birth Year / Month / Day _____ Financial institution _____

Card number | | | | | | | | X | X | X | X | | | | |

Other Travel Insurance: ***(ex. : purchased from the trip provider)***

Policyholder _____ Date of birth Year / Month / Day _____ Insurance Company _____

Policy number _____ Company phone number _____

Have you already initiated a claim? ☐ Yes ☐ No If so, please indicate the file number: _____

Essential Documents to Submit

For all claims:

- This duly completed and signed form.
- Detailed list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing.
- A letter detailing your version of events and circumstances leading to the claim.
- Detailed invoice(s) of your travel arrangements (travel agency or e-agency).
- Electronic airline tickets and labels confirming baggage check.
- If baggage is covered by a credit card insurance, account statement(s) proving the entire costs of transportation (and if applicable, accommodation expenses) have been paid with the credit card.
- **If applicable to the claim, please include:**
  - Police or other competent authority's report regarding the theft
  - Airline company's report regarding the theft, loss, damage or delay of baggage
  - Purchase receipts for stolen or damaged items or purchase receipts for necessary toiletries and clothing in case of delayed baggage
  - Irregularity Report issued by the air carrier
  - Letter of settlement (payment) or denial of the airline company

An incomplete claim may cause additional delays in processing your file. If you can't submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

Should you have any questions about your claim, please contact us by using the phone number on your insurance card or visit our website at canassistance.com.

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CLAIM FORM – BAGGAGE BENEFIT

FOR OFFICE USE

List stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing.

Contract, certificate or identification number: ____________________

Insured	Item description	Date of purchase	Price paid	Office use
		TOTAL:	0	
		CURRENCY:		

Please use an **additional** sheet if needed.

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REQUEST FOR PAYMENT BY DIRECT DEPOSIT

IMPORTANT NOTICE

If your claim is deemed admissible, by default a cheque will be sent to the policyholder. If you prefer to receive the reimbursement in your chequing account through direct deposit, please complete this form and attach a voided cheque.

We recommend that you select direct deposit for a number of reasons:

- Avoid the many possible days that come with receiving cheques by mail.
- Access your funds immediately without any holds that may be required by your financial institution.

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Policyholder identification

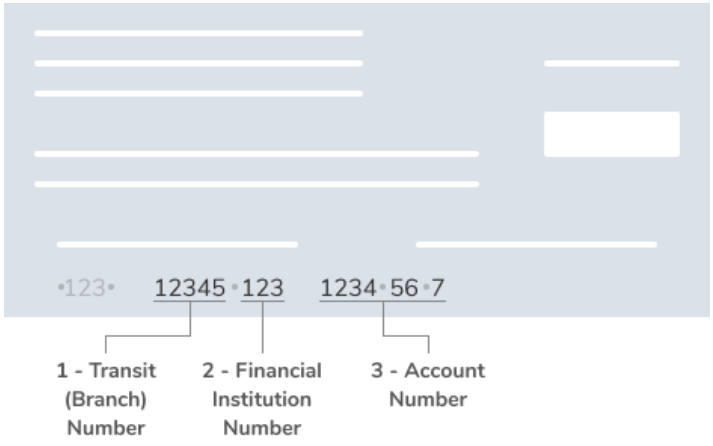
Name of the policyholder	Contract, certificate or identification number	File number

Bank Account Details (Canadian financial institutions only)

To avoid payment errors and delays, please attach a voided cheque. A copy can also been obtained through the online banking services of your financial institution.

Scan the document or take a photo of it, making sure all information is legible.

If you are unable to provide a voided cheque, please carefully complete the sections below.



Branch number _____

Institution number _____

Account number _____

I hereby request that my benefits be paid via electronic funds transfer (direct deposit) to the aforementioned account number.

Signature of the policyholder _____ Date _____