

CLAIMS PROCESS

- A. Complete both pages of the « Claim Form – Baggage Benefit »;**
- 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;**
- D. Send all duly completed forms as well as any other required documents to CanAssistance.**

By email:
claims@canassistance.com
 Send all scanned documents and keep originals.

By regular mail:
 CanAssistance, Travel Claims Department
 1981, McGill College Avenue, Suite 400, Montreal, Quebec H3A 2W9

INSURANCE COMPANY	GROUP NUMBER (Optional)
CONTRACT NUMBER	FILE NUMBER (Optional)

Policyholder (or primary credit card holder)

Last name		Gender <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Claimants (other than policyholder)

Spouse last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year Month Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year Month Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year Month Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> 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.

Signature of Policyholder or legal heir: _____ Date : _____

Signature of Spouse if he or she is claiming: _____ Date : _____

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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

année | mois | jour

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

 Do you, your spouse or child have another travel insurance? YES NO If so, please provide the following information.

Group Insurance:

Policyholder _____ Insurance Company _____

Policy number _____ Company phone number _____

Identification number _____

Travel Insurance with a Credit Card Company

Cardholder _____ Financial institution _____

Card number _____

Other Travel Insurance:

Policyholder _____ 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:

- The « Claim Form – Baggage Benefit » duly completed and signed;
- 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;
- **According to the event giving rise to the claim:**
 - 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 coverage or the claims process, please contact us at 514-286-8336 or at 1 800 264-1852, from Monday to Friday, 8:30am to 5:00pm (Eastern Time).

