PROOF OF LOSS - BAGGAGE

Global Claims Administration 3195 Linwood Ave, Suite 201 Cincinnati, OH 45208 800-513-2981 513-533-1330

NAME OF GROUP:		
POLICY NUMBER:		

BAGGAGE LOSS, THEFT OR DAMAGE CLAIM REPORT

INSTRUCTIONS:

- 1.) All questions must be answered fully.
- 2.) This form must be notarized on all claims in excess of \$100.
- 3.)Attach copies of credit card statement (if applicable) and/or receipts showing charges made for trip and all correspondence pertaining to and substantiating loss.
- 4.) Attach all receipts and/or bills pertaining to loss.
- 5.) Direct all correspondence to the claim office shown above.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

Name:	Date of Birth:	Sex:			
			Male D	Female D	
Address:	City		State	Zip	
Telephone Number: ()					
Date of Departure:	Date of Return:				
·					
Date and time of loss:					
Describe extent or nature of loss, theft, damage:					
State in detail where and how loss, theft, damage occurred:					
If loop, that are domains appared while property was an arrin the guarantee.	tody of a common corrier (i.e. railro	ad airlina hu	a tavi eta li		
If loss, theft or damage occurred while property was on or in the custody of a common carrier (i.e., railroad, airline, bus, taxi, etc.): a.) Give name of common carrier:					
a.) Give name of common carrier.					
b.) Was the carrier notified at the time of loss, theft, damage?					
b.) was the carrier nothied at the time of loss, then, damage?					
c.) Was baggage checked at time of loss, theft, damage?					
on that baggage enterior at anie of lees, then, damage:					
d.) Has a formal claim been made against the carrier?					
ally that a formal diamit additional addition					
(If not, this must be done immediately. A copy of carrier's payment or denial must be provided.)					
Is there another insurance company that would cover the loss, theft or damage to this property?					
If yes, give name of company, policy number, type of policy and amount:					
7 - 2 / G 2 2 2 2 7 7 7 7 7 7					
Were police or authorities notified?	, state who was notified:				
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(Attach a copy of the police report or report from other authority.)					
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PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST THE ITEMS LOST, STOLEN OR DAMAGED.

Description	Date of Purchase	*Purchase Price
Description	Date of Purchase	Purchase Price
*IF ITEM DAMAGED.	 PLEASE SUBMIT ESTIMATE OF RE	PAIRS.
I AGREE THAT IN THE EVENT OF THIS PROPERTY BEING RECADVANCED TO ME ON ACCOUNT OF SAID LOSS, IT BEING UN RESTORING IT TO SOUND CONDITION, IF RECOVERED IN A DIFFERENCE OF THAT THE ABOVE INFORMATION IS TRUE California: For your protection, California law requires the following the payment of a loss is guilty of a crime and may be subject to fine For residents of New York: Any person who knowingly and with it containing any materially false information, or conceals for the purp knowingly makes or knowingly assists, abets, solicits or conspires motor vehicle to a law enforcement agency, the department of motor and shall also be subject to a civil penalty not to exceed five thouses For residents of Pennsylvania: Any person who knowingly and we containing any materially false information or conceals for the purp insurance act, which is a crime and subjects such person to crimina For claimants not residing in California, New York, or Pennsyl or benefit or knowingly presents false information in an application For residents of New Hampshire: Any person who, with a purpose containing any false, incomplete, or misleading information is subjected.	DERSTOOD THAT THE COMPANY HAS THE DAMAGED CONDITION. E AND CORRECT TO THE BEST OF MY KNOW of to appear on this form: Any person who know as and confinement in state prison." Intent to defraud any insurance company or other of the thefators of misleading, information concerning any with another to make a false report of the thefator vehicles or an insurance company commits a fand dollars and the value of the subject motor vehicles of misleading, information concerning any fall and civil penalties." In vania: Any person who knowingly presents a far for insurance is guilty of a crime and may be supported to the property of the control of the c	WLEDGE AND BELIEF. vingly presents a false or fraudulent claim for er person files an application for insurance fact material thereto, and any person who destruction, damage or conversion of any a fraudulent insurance act, which is a crime, vehicle or stated claim for each violation. To other person files a statement of claim fact material thereto commits a fraudulent alse or fraudulent claim for payment of a loss subject to fines and confinement in prison. Company, files a statement of claim
WITNESShar	nd atthisday	20
PERSONALLY APPEARED OATH THAT THE SAME IS TRUE, AND THAT NO MADVISED.		
SUBSCRIBED AND SWORN TO BEFORE ME, THE	DAY AND DATE ABOVE WRITTEN.	
		(SEAL)
	ARY PUBLIC	
COUNTY OF		
STATE OF		Baggage - 6/2022

Baggage - 6/2022