

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:
 bluecross@canassistance.com
 Send all scanned documents and keep originals.

By regular mail:
 CanAssistance, Travel Claims Department
 PO Box 3888, Station B, Montreal, Quebec H3B 3L7

INSURANCE COMPANY	POLICY NUMBER (Optional)
IDENTIFICATION NUMBER	FILE NUMBER (Optional)

Policyholder (or primary credit card holder)

Last name		Date of birth		
		Year	Month	Day
First name		Telephone 1		
Email		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	Date of birth		
		Year	Month	Day
Dependant child last name	First name	Date of birth		
		Year	Month	Day
Dependant child last name	First name	Date of birth		
		Year	Month	Day
Dependant child last name	First name	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 : _____

01QRV0007MA (09-21)



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

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 claim, please contact us by using the phone number on your insurance card or by email at bluecross@canassistance.com.

FOR OFFICE USE

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

Contract number: _____

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

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