

Arch Insurance Canada Ltd.
Baggage Delay, Lost, Damaged or Stolen
Claim Form

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-844-800-2486 | **Fax:** 1-443-279-2901 | **Email:** redsky@archinsurance.com

Baggage Delay, Lost, Damaged or Stolen Claim Instructions

The Baggage Expense Claim Form can be used to file claims for:

- Items lost, stolen or damaged during your trip;
- Essential items you purchased when your luggage was delayed or misrouted by an airline or cruise line.

Please complete and sign the Baggage Expense Claim Form in full and return it with the documentation noted below.

For all claims, submit:

- Copy of your travel documents confirming your travel itinerary;
- Proof of all claimed expenses;
- Proof of payment of the claimed baggage expenses – invoices, receipts, or credit card statements;
- Proof of loss:
 - Verification of the damage, loss or theft including a copy of the report filed with the travel provider, hotel or local police department; or
 - A statement from the airline or cruise line confirming the delay of your luggage and confirming the length of the delay; or
 - A statement confirming the loss or damage of your luggage by the airline or cruise line and showing any amounts paid or reimbursed by the airline or cruise line.

If your policy has excess baggage protection coverage, you must first file your claim with the responsible party and then your primary insurance company (Homeowners or Renter's insurance). If you are not fully reimbursed by the responsible party and your primary insurance company, you may file a claim for the unpaid expenses as noted in these instructions.

Your claim should be submitted to the address at the top of these instructions.



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Section 1 - Information about Insured

To be completed by the Insured Claiming Benefits

| | | | | | |
|---|--|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Name of Claimant / Insured | | Policy No. | | Phone No. () | |
| Address | | | | | |
| Email Address | | | | | Date of Birth |
| Travel Supplier / Tour Operator / Cruiseline | | | | | |
| Trip Departure Date | | | Trip Return Date | | |
| Do you have other travel or other insurance that may provide coverage for this loss? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, has a claim been submitted to the other company? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name, address and phone number of the other insurance company (including Homeowners coverage): _____ _____ _____ | | | | | |
| Policy No. | | | Claim No. | | |
| Date & Time Baggage Lost/Delayed/Damaged/Stolen | | AM <input type="checkbox"/> | PM <input type="checkbox"/> | Date & Time Baggage Returned | |
| | | | | AM <input type="checkbox"/> | PM <input type="checkbox"/> |
| Where was the baggage delivered? | | | | | |
| Was the baggage checked as luggage with a common carrier at the time of the loss or delay? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, please provide the name of the carrier | | | | | |
| Briefly explain how the loss, delay or damage occurred _____ _____ _____ | | | | | |



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Section 2 - Information about Insured

Please list all items claimed as lost, stolen, damaged or purchased during the baggage delay. Submit original receipts for each item claimed.

| Baggage Claim Itemization Form | | | | | | | |
|--------------------------------|----------------|--------------|---|---|-----------------------------------|-----------------------------------|----------------------|
| Item Number | Check One | | Check if used in business or profession | Item Description (Include Quantity, Model #, Make Style etc) | Store of Purchase or How Acquired | Date of Purchase or Date Acquired | Purchase Cost in USD |
| | Lost or Stolen | Damaged Only | | | | | |
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| 19 | | | | | | | |
| 20 | | | | | | | |
| Total | | | | | | | |

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Claimant

Date