

PROOF

Chartis Insurance
 A&H Claims Department
 P.O. Box 25987
 Shawnee Mission, KS 66225-5987
 800-551-0824

OF LOSS

NAME OF GROUP:	Voyager
POLICY NUMBER:	9109334

BAGGAGE LOSS, THEFT OR DAMAGE CLAIM REPORT (BAG_LTD)

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 <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City State		Zip	
Telephone Number:	()			

Date of Departure:	Date of Return:
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Date and time of loss:

Describe extent or nature of loss, theft, damage:

State in detail where and how loss, theft, damage occurred:

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:
- b.) Was the carrier notified at the time of loss, theft, damage?
- c.) Was baggage checked at time of loss, theft, damage?
- d.) Has a formal claim been made against the carrier?

(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:

Were police or authorities notified? If yes, state who was notified:

(Attach a copy of the police report or report from other authority.)

PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST THE ITEMS LOST, STOLEN OR DAMAGED.

