Claims Administration
OLD REPUBLIC INSURANCE COMPANY OF CANADA
Box 557, 100 King Street West
Hamilton, Ontario L8N 3K9
Toll Free: 888.831.2222
Fax: 866.551.1704

BAGGAGE CLAIM FORM

Please Note: *Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.*

PROOF OF CLAIM MUST BE SUBMITTED WITHIN 90 DAYS OF THE OCCURRENCE

Part I GENERAL INFORMATION

Claimant's Name *(Last, First)*		Policy No.	Date of Birth
Full Address			
Home Phone No.		Business Phone No.	
Tour Operator's Name			
Travel Agency's Name			Telephone No.
Travel Agency's Full Address			
Departure Date *(MM / DD / YY)*	Return Date *(MM / DD / YY)*	Departure City	Destination *(City, Country)*

Part II EXPLANATION OF LOSS

Date of occurrence *(MM / DD / YY)*	Time of loss	Location of loss *(City, Country)*
Describe fully the circumstances of the loss		

SELECT AND COMPLETE ONE OF THE FOLLOWING:

❑ Property delayed	Amount of Claim (in CDN $)	Date property returned *(MM / DD / YY)*	Please enclose **original** receipts and written statement from the party responsible for the delay (i.e. Airline, Cruise Line, etc).
❑ Property damaged	Amount of Claim (in CDN$)	Please enclose a report from the responsible party, the **original** or replacement receipts, or the repair bill.	
❑ Property stolen	Amount of Claim (in CDN $)	Please enclose **original** or replacement receipts and a police report issued in the City where the property was stolen.	
❑ Property lost	Amount of Claim (in CDN $)	Please enclose **original** receipts and written statement from the hotel manager, tour guide, or the transportation official (i.e. Airline, Cruise Line, Taxi Company, etc) confirming the date of loss, and the items lost.	

IMPORTANT – CLAIM CANNOT BE PROCESSED IF THIS FORM IS INCOMPLETE. PLEASE COMPLETE ALL APPLICABLE AREAS.

Part III SCHEDULE OF LOSS/NECESSARY PURCHASES

Description of article	Article belongs to	Date & place of purchase	Original Cost (in CDN $)	Replacement Cost (in CDN $)	Amount Claimed (in CDN $)
Total Amount Claimed in CDN $					

If you have more expenses, please provide a breakdown on an additional sheet using the above format.

Part IV OTHER COVERAGE

Was the Property in the custody of an Airline, Cruise Line, Railroad Company, or any other Carrier? ❑ Yes ❑ No	If Yes, name of Carrier		
Did you purchase your Property on a credit card? ❑ Yes ❑ No	If Yes, name and type of Credit Card (e.g. Visa Gold card)	Do you have any other Insurance Coverage? (e.g. automobile, credit card, etc) ❑ Yes ❑ No If Yes, please complete the following:	
1) Name of Home Owner's Insurance Company	Policy No.	Deductible	Telephone No.
Address of Insurance Company			
Has a Claim been Filed with any other Company? (i.e. airline, cruise line, home owner's, credit card, etc) ❑ Yes ❑ No	Claim reference No.		
Has the Claim been settled? ❑ Yes ❑ No	If Yes, provide the outcome of the Claim.	Have you filed previous baggage claims with any other insurance company in the past? ❑ Yes ❑ No	

I DECLARE THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT.

I/We authorize any other insurance plan, under which I/We have coverage, to disclose information as may be necessary or to make payment in respect of my/our claim to Old Republic Insurance Company of Canada directly. I/We also authorize Old Republic Insurance Company of Canada to disclose to any other Plan, under which I/We have coverage, any and all information as may be necessary with respect to my/our claim.

_____ _____

Signature of Insured/Claimant Date *(MM / DD / YY)*

_____ _____

Signature of Insured/Claimant Date *(MM / DD / YY)*

IF YOU ARE CLAIMING IN EXCESS OF $250 THE FOLLOWING NOTARIZATION MUST BE COMPLETED.

THE ABOVE DECLARATION SUBSCRIBED AND SWORN TO BEFORE ME ON THIS

_____ day of _____ 20 _____

at _____ Notary Public_____