**BAGGAGE INVENTORY FORM**

**DEAR CUSTOMERS:**

We apologize for the delay of your baggage and for the inconveniences this may have caused. To assist our effort to trace and locate your baggage or process settlement in the event of loss, we kindly request you to complete both sides of this form for each bag that is missing. A copy of ticket, excess baggage receipt may help in expediting the tracing /settlement process.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(Please use BLOCK letter)** |  |  |  |  |  |  |  |
| Passenger's family or last name First name/s |   |   |   |
| Telephone number Passport number |   | Passenger ticket number(s) Excess baggage ticket number(s)  |
| E-mail Address  |   |   |   |   |   |
| Permanent address number/street, etc  |  |  |  |  |  |
| Town/city/state |   |   |   |   |   |   |   |   |
| Country Postal/zip code |
|  Flight details Airline |  Flight number | Date/month | Journey : from |  To |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |  |  |  |  |  |  |  |   |
| The loss has been reported 🗆 No 🗆 Yes To airline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was your baggage rechecked en route 🗆 No 🗆 Yes Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by airline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Where and when was the baggage last seen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description of baggage  |   |   |   |   |   |   |   |
| Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Identification on the bag. Insert name on bag if different than passenger name. |   |   |
| Weight of missing baggage (if known) \_\_\_\_\_\_\_\_ Is your baggage insured? 🗆Yes 🗆 No |   |
|   |   |   |   |   |   |   |   |   |
| Name and address of insurance Company policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and address of insurance company |  |  |  |  |  |
| Have you submitted a claim previously with another airline in reference to this irregularity? 🗆 Yes 🗆No  |
| If yes, name of airline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Contents of description**

Content and their description will help identify missing bags.

Please complete a separate form for each bag.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Total Estimated** |  |
| **Item/description** | **Date of purchase** | **Estimated Price** | **Number of items** | **Price** |  |
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| **Remarks:** | **Totals** |  |
|  |  |

I hereby certify that above information is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Place Name