

ALL CLAIMS MUST BE MADE IN WRITING WITHIN 48 HOURS OF YOUR ARRIVAL

Please complete this form in BLOCK letters and send it to us as soon as possible; if tracing of your bag is not successful this form will serve as your notice of claim.

**Pacific Coastal Airlines**  
**Attention Baggage Services**  
204-4440 Cowley Crescent  
Richmond, B.C.  
Canada, V7B 1B8  
T. 604-214-2376  
F. 604-273-6864  
Email: baggage@pacificcoastal.com

**C.S.A. USE ONLY (IF FORM IS FILLED AT THE FRONT COUNTER)**

\_\_\_\_\_ C.S.A. NAME \_\_\_\_\_ BASE \_\_\_\_\_  
Form received by C.S.A. Date: (dd/mm/yyyy) \_\_\_\_\_

All claims should be submitted within 4 hours of travel. Delay in submitting could preclude consideration of your claim. Please allow 2-4 weeks processing time from the date we received the claim. Please mail or email this form to the above address. Also, if possible please attach copies of purchase receipts or proof of ownership for all items valued at \$250.00 CAD or more.

<b>Reservation Number:</b>					
Itinerary Flight Number:		Date:		Connection:	
Itinerary Flight Number		Date:		Destination:	

*Pacific Coastal Airlines reserves the right to deny liability if this form is not received, or postmarked within 48 hours from date of loss, damage and/or pilferage.*

PLEASE TYPE OR PRINT IN BLOCK LETTERS AND MAIL AS SOON AS POSSIBLE

Name Mr. Mrs. Miss Ms (first name, Initial, Surname):					
Home Address:					
City:		Postal Code/ZIP:		Province/State:	
Country:		Telephone	( )	Mobile:	( )

Where did you last see your property? \_\_\_\_\_

Was your bag locked? Yes \_\_\_ No \_\_\_ Was there any sign of forced entry? Yes \_\_\_ No \_\_\_

If yes, where \_\_\_\_\_

Was a (yellow colored) Conditional Acceptance tag signed when you checked in the bag? Yes \_\_\_ No \_\_\_

Was your item damaged? Yes \_\_\_ No \_\_\_

If yes, please provide a brief description of the damage: \_\_\_\_\_

Was your item pilfered? Yes \_\_\_ No \_\_\_

If yes, please complete the table on Page 2

Are you intending on submitting a claim for this bag and/or contents to an insurance company or any other institution? Yes \_\_\_ No \_\_\_ If yes, indicate the name of the insurance company of institution;

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Please complete this table:

LIST OF MISSING PROPERTY INCLUDED INSIDE THE BAGGAGE										
Qty	Article	Color	*Gender M/F/MC/FC	Label/Brand	Size	Material	Purchased where?	Date of purchase	Original Cost \$0.00	
*M = Male, F= Female, MC = Male child, FC = Female child									Sub-total	

**Total Claim:**

Estimated current value of damaged bag(s):       \$                   CAD

Estimated current value of missing property:     \$                   CAD

Details of Damaged Baggage:

Please include copies of any receipts that you may have for the missing baggage or contents listed.

Do you have any claims with Pacific Coastal Airlines that has not yet been resolved? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details: \_\_\_\_\_

It is expressly understood and agreed that the furnishing of this proof of damaged baggage and property form by Pacific Coastal Airlines, or assistance in making of the proof of loss is not a waiver of any rights or admission of liability by said Company and any other information and other documents required by said Company shall be furnished on request, and considered a part of these proofs. The acceptance of this document shall not be deemed to be a waiver of any defenses of the Company. The Claimant expressly understands and agrees that he/she is required to immediately inform Pacific Coastal Airlines in writing, in the event all or part of the property which is subject matter of this claim is delivered to the Claimant from a source other than Pacific Coastal Airlines, its Agents, or Employees. Losses of luggage or of articles from luggage are customarily reported to the Police. Any misrepresentation on this questionnaire shall be grounds for denial of your claim.

I do hereby warrant that the statements and information provided contained herein, including the values places upon the article(s) enumerate above to be full complete and true.

Passenger name \_\_\_\_\_ Passenger Signature: \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_ City (where claim is filed) \_\_\_\_\_

**Office Use Only:**

**C.S.A. (in receipt of claim) report and recommendation:**

\_\_\_\_\_

Recommendation approved by: \_\_\_\_\_ signature                   Date (dd/mm/yyyy) \_\_\_\_\_