

ALL CLAIMS MUST BE MADE IN WRITING WITHIN 4 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) _____

We are truly sorry that your luggage was not available to you after your recent flight with us. Please accept our apologies for this inconvenience and assurance that we will do everything possible to locate and return your property to you as soon as possible. Successful tracing and resolution of this claim may be expedited upon prompt completion and return of this form for each item that is missing along with the following required information.

Reservation Number:					
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 4 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:	()

Number of items missing? _____ Where did you last see your property? _____

Where did you check your luggage? Airport Counter ____ Departure Gate ____ Other ____ (provide details below)

Was/were the item(s) checked under another name? Yes ____ No ____

If yes, under what name? _____

If the loss was not reported immediately, please describe the circumstances as to why.

Please provide a detailed description of your missing bag (include any special markings):

Manufacturer: _____ Brand: _____ Color: _____

Approximate Dimensions (CM__ or IN __): L _____ x W _____ x H _____

Store purchased from: _____ Date purchased: _____ Location: _____

Purchase price: _____ Currency: CAD ____ USD ____ EUR ____ Other _____ (advise)

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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;

Please complete this table:

LIST OF MISSING PROPERTY INCLUDED INSIDE THE LOST BAGGAGE									
Qty	Article	Color	*Gender M/FMC/FC	Label/Brand	Size	Material	Purchased where?	Date of purchase	Original Cost \$0.00
Sub-total									

*M = Male, F= Female, MC = Male child, FC = Female child

Total Claim:

Estimated current value of lost bag(s): \$ _____ CAD
 Estimated current value of missing property: \$ _____ CAD

Details of Lost 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 lost 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) _____