

CLAIMS PROCESS

- A. Complete both pages of this form.**
B. Sign the Agreement and Authorization section.
C. Compile a list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing.

SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE

Online via our secure website:

canassistance.com/en/policyholder/depot

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:

**CanAssistance, Travel Claims Department
 PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7**

INSURANCE COMPANY

GROUP NUMBER (Optional)

CONTRACT, CERTIFICATE OR IDENTIFICATION NUMBER

FILE NUMBER (Optional)

Policyholder

Last name		Gender ☐ M ☐ F	
First name		Date of birth Year Month Day	
Email	Telephone 1	Telephone 2	
Mailing address No Street Apt. City Province Postal Code			
Is the policyholder submitting a claim? ☐ Yes ☐ No			

Claimants (other than policyholder)

Spouse last name	First name	Gender ☐ M ☐ F	Date of birth Year Month Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year Month Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year Month Day
Dependent last name	First name	Gender ☐ M ☐ F	Date of birth Year Month Day

Agreement and Authorization

- I hereby certify that I have not received any compensation for this loss giving rise to this claim other than that declared in this form.
- I certify that I have not in any way caused or attempted to cause, directly or indirectly, this loss. I have not concealed or misrepresented any circumstances or any relevant facts regarding this coverage and its purposes.
- I hereby agree to assign to CanAssistance Inc. all benefits payable by third parties for losses covered under the policy. Furthermore, following the application for reimbursement from CanAssistance Inc., I authorize third parties to pay CanAssistance Inc., the benefits payable regarding these losses.
- To assess my application for benefits, I authorize insurance companies, airline companies, travel agents and any other organization or person who have information about me or the loss leading to my claim, to convey that information to CanAssistance Inc. Further, I authorize CanAssistance Inc. to provide my information to the insurer of my travel policy and to its reinsurers, to internal and external auditors and to any professional or organization mandated by CanAssistance Inc. within the context of my claim.
- I declare that the information and details given on this form and the information provided in the attached documents are complete and true, and I am aware that any false declaration shall nullify the insurance certificate or insurance policy and shall result in the denial of my application for benefits.

Signature of Policyholder or legal heir: _____ Date: _____
 Signature of Spouse if they are claiming: _____ Date: _____

Information About the Incident

 Type of claim ☐ Damage ☐ Delay ☐ Loss ☐ Theft

Place of incident (city and country)

Date of incident

Year | Month | Day

Destination

Airline

Date of departure

Year | Month | Day

Date of return

Year | Month | Day

Number of checked baggage

Number of lost or delayed baggage

Number of hours delayed

Date baggage was received

Year | Month | Day

Did you report the incident to the police, the airline company or any other authority?

☐ Yes ☐ No

Other Insurance

Please list below all your, your spouse's or your parent's (if you are a dependent) other travel insurance coverage.

Group Insurance:
(via an employer, a pension plan or any other group benefit plan)

Policyholder _____ Date of birth _____

Insurance Company _____

Policy number _____

Company phone number _____

Identification number _____

Travel Insurance with a Credit Card Company:

Cardholder _____ Date of birth _____

Financial institution _____

Card number _____

Other Travel Insurance:
(e.g., purchased from the trip provider)

Policyholder _____ Date of birth _____

Insurance Company _____

Policy number _____

Company phone number _____

Have you already initiated a claim?

☐ Yes ☐ No

If so, please indicate the file number: _____

Essential Documents to Submit
For all claims:

- This duly completed and signed form.
- Detailed list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing.
- A letter detailing your version of events and circumstances leading to the claim.
- Detailed invoice(s) of your travel arrangements (travel agency or e-agency).
- Electronic airline tickets and labels confirming baggage check.
- If baggage is covered by a credit card insurance, account statement(s) proving the entire costs of transportation (and if applicable, accommodation expenses) have been paid with the credit card.
- **If applicable to the claim, please include:**
 - o Police or other competent authority's report regarding the theft
 - o Airline company's report regarding the theft, loss, damage or delay of baggage
 - o Purchase receipts for stolen or damaged items or purchase receipts for necessary toiletries and clothing in case of delayed baggage
 - o Irregularity Report issued by the air carrier
 - o Letter of settlement (payment) or denial of the airline company

An incomplete claim may cause additional delays in processing your file. If you can't submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

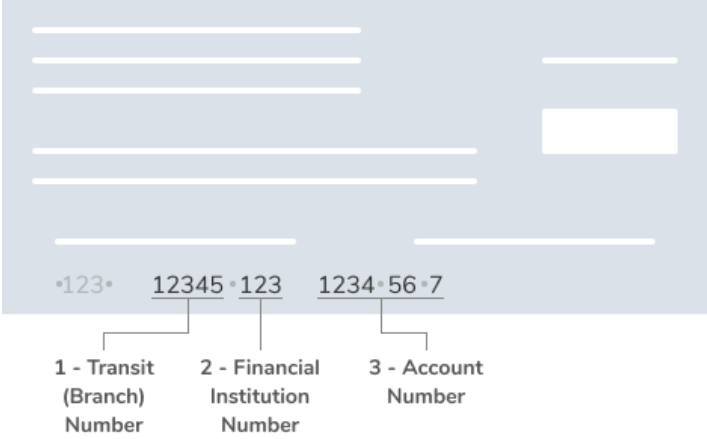
Should you have any questions about your claim, please contact us by using the phone number on your insurance card or visit our website at canassistance.com.

Contract, certificate or identification number: _____

[illegible]

IMPORTANT NOTICE	
If your claim is deemed admissible, by default a cheque will be sent to the policyholder. If you prefer to receive reimbursement in your chequing account through direct deposit, please complete this form and attach a voided cheque. We recommend that you select direct deposit for a number of reasons: • Avoid the many possible days that come with receiving cheques by mail. • Access your funds immediately without any holds that may be required by your financial institution.	
SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE	
Online via our secure website: canassistance.com/en/policyholder/depot Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.	By regular mail: CanAssistance, Travel Claims Department PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7

Policyholder identification		
Name of the policyholder	Contract, certificate or identification number	File number

Bank Account Details (Canadian financial institutions only)	
To avoid payment errors and delays, <u>please attach a voided cheque</u>. A copy can also been obtained through the online banking services of your financial institution. Scan the document or take a photo of it, making sure all information is legible. If you are unable to provide a voided cheque, please carefully complete the sections below.  Branch number Institution number Account number	
I hereby request that my benefits be paid via electronic funds transfer (direct deposit) to the aforementioned account number. Signature of the policyholder Date	