

# Baggage Loss Benefit Statement

**Insured Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Place of Loss:** \_\_\_\_\_

**Claim Reference:** \_\_\_\_\_

## Details of Loss

- Date and time baggage was last seen: \_\_\_\_\_
- Description of lost baggage/items: \_\_\_\_\_
- Total amount claimed: \_\_\_\_\_
- Supporting documents provided: \_\_\_\_\_

## Benefit Statement

Based on the information provided and in accordance with the terms and conditions of your travel insurance policy, the following determination is made regarding your baggage loss claim:

- Eligible claim amount: \_\_\_\_\_
- Deductible (if any): \_\_\_\_\_
- Total benefit payable: \_\_\_\_\_

## Remarks

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

**Reviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This statement is issued without prejudice and is subject to all terms, conditions, and exclusions of the policy.