

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.