



CLAIM FOR DAMAGED OR MISSING ITEMS

INSTRUCTIONS: Prepare in ink. Please read the instructions on the reverse side carefully and supply all information requested. Use additional sheet(s) if necessary.

1. Submit To: Covenant Aviation Security Claims Department PO Box 280440 San Francisco, CA 94080-6201 Fax: 630-633-2606		2. Name, Address and Telephone Number of Claimant: (Number, Street, City, State, Zip Code & Telephone Number)		
3. Claimant Email Address:	4. 'D W H R Incident:	5. 7 L P H R Incident:	6. Airport & Airline:	7. Location of Checkpoint or Baggage Area in which incident occurred:
8. CAS Personnel Involved (if known): Name(s): Badge Number(s):		9. CAS Supervisor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Name (if known):		10. Was any type of incident report filed with the airport, airline, or CAS, or was a police report filed with local law enforcement? (If so, provide any case number and attach a copy of the report.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. If this was an incident related to checked baggage, was there a Notification of Inspection (NOI) enclosed in your baggage? Yes (If so, submit the <i>original</i> NOI). <input type="checkbox"/> No pass.		12. Please detail your complete travel itinerary (e.g. flight number, arrival/departure times, etc.). Submit a copy of your ticket or boarding		
13. DESCRIPTION OF INCIDENT (State all known facts and circumstances forming the basis of the claim)				
14. AMOUNT OF CLAIM (in U.S. dollars): \$		15. DESCRIPTION OF LUGGAGE CONTAINING ITEMS IN QUESTION (size, color, type):		
16. PROPERTY LOSS or DAMAGE (Describe the property and the nature and extent of the loss or damage)				
17. WITNESSES:				
NAME		ADDRESS and/or Email		
18. Has a claim been filed with your insurance carrier? <input type="checkbox"/> Yes (if so, explain what action your insurer has taken or proposes to take with reference to your claim) <input type="checkbox"/> No				
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES OR LOSS CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.				
19. SIGNATURE OF CLAIMANT			20. DATE OF CLAIM	

PLEASE READ: CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

1. For Claims Originating in California:

For your protection, California law requires the following to appear on this form: (a)

It is unlawful to:

- (1) **Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss, including payment of a loss under a contract of insurance.**
- (2) **Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud.**
- (3) **Knowingly cause or participate in a vehicular collision, or any other vehicular accident, for the purpose of presenting any false or fraudulent claim.**
- (4) **Knowingly prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented, in support of any such claim.**

(b) Every person who violates any provision of this section is punishable by imprisonment in the state prison for two, three or four years, or by a fine not exceeding ten thousand dollars, (\$10,000), or both.

2. For Claims Originating in Mississippi:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

INSTRUCTIONS

a. Complete all items. Write N/A where applicable.

b. The amount of claim must be **sum certain**. An exact U.S. dollar amount must be entered in box 14.

c. The claim must have a **specific date**. If events happen over several days, a separate claim form should be submitted for each day/date.

d. The claim must name a **specific location** (i.e., terminal, checkpoint, concourse, baggage area, etc.).

e. The claim must have a **statement of fact**. Be detailed as possible—the more accurate and detailed the description, the faster an investigation and determination will be. Avoid nonfactual details or assumptions.

f. The claim must have a **signature**.

Documentation Checklist

Proof of Travel must be substantiated—submit a copy of your:

- Boarding Pass or
- Ticket
- Luggage Tag

If the incident is related to checked baggage, submit the original:

- Notification of Inspection (NOI)

Documentation Checklist (cont.)

In support of claims for damage to property which has been or can be economically repaired, the claimant must submit:

Itemized signed statements or estimates by reliable, disinterested concerns; or,

If payment has been made, the itemized signed Receipts evidencing payment.

In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant must submit :

Purchase receipt of the ORIGINAL item lost or damage. If unavailable, credit card statements, bank statements or written statement as to the original cost of the property, the date of purchase, and the value of the Property.

Additional documentation:

- Photographs of lost/damaged items (past or present)
- Police, witness or incident reports