POINT COMFORT TRAVEL

# Lost Checked Items

## PART A: Insured Person Information

| Full Name: (as it appears on ID card) | Date of Birth: (mm/dd/yyyy) | Gender: ☐ Male ☐ Female |
|---|---|---|
| ID Number: (found on ID card) | Passport/Visa Number: | |

When did incident occur?

Date: (mm/dd/yyyy) Time:

Location of Incident: (Street, City, State/Province, ZIP/Postal Code, Country)

Do you have any other insurance which has or may provide coverage for your lost/stolen items?

☐ Yes ☐ No

If Yes, describe coverage and include contact information for the insurer:

## PART B: Documents Required

☐ Complete travel itinerary

**For lost checked luggage, personal equipment or scuba equipment, the following documents are required:**

☐ A copy of all documents you provided to or received from the Common Carrier, including proof of payment by the Common Carrier to you for the lost items.

☐ If no payment was made or will be made by the Common Carrier, a copy of the Common Carrier's policies concerning lost checked items.

☐ A complete description of all lost items. Where possible, include receipts. If not possible, indicate date of purchase.

**For theft of personal equipment or scuba equipment, the following documents are required:**

☐ Copy of police report detailing the circumstances of the theft, including location, date and time of the incident.

☐ A complete description of all lost items. Where possible, include receipts. If not possible, indicate date of purchase and provide any documentation you have which may support the purchase date and price.

## PART C: Schedule of Stolen Items (If more space is needed, attach additional sheets.)

| Name of Item: | Description of Item: | Original Purchase Price: | Date of Purchase: |
|---|---|---|---|
| | | | |
| | | | |

## PART D: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

| **Printed Name of Claimant:** | **Date: (mm/dd/yyyy)** |
|---|---|

**Signature of Claimant:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.