

Interim Expense Claim Form

Air Canada requires that receipts be submitted for all reasonable expense reimbursements incurred for clothing and toiletries, due to the delay of your bag(s). Any disbursements will be deducted from the final settlement if the bag is not located.

Please complete and submit the Interim Expense Claim form which will serve for the reimbursement of incidental expenses. You may scan all receipts and completed forms as an attachment at the end of the online webform in the below link or submit originals for consideration of reimbursement to the following address.

https://help-aircanada.com/aircanada-help/createIssue.do?lang=ENU

Air Canada Baggage Claims Air Canada ZIP 1116 P.O. Box 8000, station Airport Dorval, Quebec H4Y 1C3

Thank You.



INTERIM EXPENSE CLAIM FORM

Baggage Tracing Number : (ex. YULAC12345)				
I, Mr. / Mrs. / Ms.				
	(Family Name/ s)	(Given Nan	ne/ s)
	(Name as ir	ndicated on Passport if	different from above)	
do solemnly declare that on the	day of	year which was delayed by the	I checked baggage be airline(s) and for which thi	longing to s interim
expense claim is made.			(4)	
	C	OMPLETE I TINERARY		
From	То	Airline	Flight Number	Full Date
		l	I I	
Number of persons travelling Ticket numbers				
 Total number of bags checked Claim check or tag numbers 				
1. Were you charged for Addition receipt)	nal Checked Bagage?			
5. Did you declare "excess valua Amount paid			alue declared	
B. Was there a name, address or			, stickers, ribbons)	
7. Was the loss reported?		 Date		
By phone or in person?				
Where?f the missing baggage was not	reported immediately up	oon arrival, state the reas	on for the delay	
Are you pursuing this claim with	another carrier?	Car	rier?	
3. Was your baggage rerouted or		Where?		
By which airline?			ers	
9. Was the baggage for which the f so, where?				
After clearance, where was the b			m?	
10. Do you have any insurance of				
Name / Address of insurance cor	mpany			
Will you be claiming from them? 11. Other relevant information o				

PLEASE ATTACH A PHOTOCOPY OF A SIGNED PHOTO IDENTIFICATION (MANDATORY)

Frequent Flyer ID : Date of Birth :
(Optional) yy/ mm/ dd
Residence Address :
Residence Tel: () Cell: () E-Mail:
Company Name :
Business Address :
Business Tel.: ()
Any prior address (within past 2 years):
Prior Tel.: ()
Have you or any member of your household ever had a previous claim with Air Canada or any other airline? NO If yes, give name of carrier and date

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For the purpose of tracing your baggage as well as processing and verifying your claim, it is sometimes necessary to disclose personal information that you have provided us relating to your claim into a baggage tracing and/or claims database, which is accessible to other participating airlines and handling agencies.

By signing the declaration below you consent to this disclosure.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand this declaration may be subject to review and investigation and I hereby give Air Canada the authority to require from anyone any documents or statements in relation to this declaration.

According to section 131 and 132 of the Criminal Code, any person who makes a solemn declaration knowing that the declaration is false, is guilty of an indictable offense and may be liable for imprisonment for a term not exceeding fourteen years. Similar laws are applicable in other countries. I also understand that Air Canada may disallow any claim for loss, which contains misrepresentations, including false statements concerning whether or not previous claims have been made with Air Canada or other carriers.

Claimant's Signature	 Date:

LIST OF ITEMS CLAIMED AS INTERIM EXPENSES

• Please ensure that you provide a **complete list** of all items purchased as interim expenses while you were not in possession of your bag and **attach all original purchase receipts**

QTY	Article	Size, Color, Brand, Manufacturer,	Male Female Infant	Date of Purchase	City/Store Where purchased	Original Purchase Price
		Serial Number (s) etc.	(M/ F/ I)			

TOTAL AMOUNT CLAIMED	If possible, show in Canadian or US Dollars. (If applicable, show rate of exchange)
\$	(п аррпсавте, snow rate or exchange)