



INTERIM EXPENSES

Please complete this form if your baggage was delayed and returned to you, and you are now claiming for expenses incurred while your bag was not in your possession.

If you live in North America, the completed form should be mailed to our Montreal office at the address below. Residents of other countries should send it to the closest Air Canada office.

PLEASE INCLUDE ALL AIRLINE TICKETS, BAGGAGE CLAIM CHECKS AND EXCESS BAGGAGE RECEIPTS (if applicable). PURCHASE RECEIPTS FOR ALL ITEMS CLAIMED MUST BE ATTACHED TO SUBSTANTIATE YOUR CLAIM. PLEASE ATTACH A PHOTOCOPY OF A SIGNED PHOTO IDENTIFICATION.

If you have homeowner/household, baggage or credit card insurance against which you may claim, please complete question # 10 below.

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

Your claim must be made in writing **within 21 days** of your arrival. This completed and signed Interim Expense Form is the official written notice of a claim. The report made at the airport is an incident report only. All claims will be processed as quickly as possible.

The Conditions of Contract on your ticket/e-ticket itinerary refer to limitations of liability based on tariffs, and/or the Warsaw Convention and/or the Montreal Convention. These amounts are not automatically payable but reflect what the **maximum** compensation might be, as each claim is subject to proof of loss. Please note that special rules apply to fragile and perishable items and that consequential damages such as loss of enjoyment, loss of business, inconvenience, etc. are not compensable. Please also note that for domestic travel within Canada, or for any travel where none of the aforementioned Conventions apply, airlines are not liable for the loss of money, jewelry, silverware, samples, business documents, electronic equipment or other valuable articles, under any circumstance.

Thank you for your cooperation and understanding.



INTERIM EXPENSE CLAIM FORM

Baggage Tracing Number : (ex. YULAC12345)

I, Mr. / Mrs. / Ms.	
_____	_____
(Family Name/s)	(Given Name/s)

(Name as indicated on Passport if different from above)	

do solemnly declare that on the _____ day of _____ year _____ I checked baggage belonging to _____ which was delayed by the airline(s) and for which this interim expense claim is made.

COMPLETE ITINERARY				
From	To	Airline	Flight Number	Full Date

- Number of persons travelling together: _____ Infants (under 2 years) _____
Ticket numbers _____
 - Total number of bags checked _____
 - Claim check or tag numbers _____
 - Were you charged for Additional Checked Baggage? _____ Amount paid _____ (Attach receipt)
 - Did you declare "excess valuation" and purchase additional coverage? _____ Value declared _____
Amount paid _____ (Attach receipt)
 - Was there a name, address or any other identification on the bag(s)? (i.e. tags, stickers, ribbons) _____
 - Was the loss reported? _____ Time _____ Date _____
By phone or in person? _____ To which airline? _____
Where? _____
If the missing baggage was not reported immediately upon arrival, state the reason for the delay _____
 - Are you pursuing this claim with another carrier? _____ Carrier? _____
 - Was your baggage rerouted or rechecked en-route? _____ Where? _____
Why? _____
By which airline? _____ New tag numbers _____
 - Was the baggage for which this claim is being made, cleared through Customs? _____
If so, where? _____ Were the contents inspected? _____
After clearance, where was the baggage placed? _____ By whom? _____
 - Do you have any insurance covering the delayed items? _____
Name / Address of insurance company _____
Will you be claiming from them? _____
 - Other relevant information or comments _____
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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? YES NO

If yes, give name of carrier _____ and date

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

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