

BAGGAGE CLAIM

(to be filled out by Claimant)

Please read, complete and sign this form and then you may

1. Post it to the address below, or
2. Print it, scan it and send it as an e-mail attachment to info@proflight-zambia.com

Customer Relations Manager/Baggage Claim
Proflight Zambia
P.O. Box 30536,
Stand 15B,
Private Hangars,
Lusaka International Airport,
Zambia

1. **CLAIMANT'S FULL NAME:**

Permanent Address:

..... Telephone No.:

2. STATEMENT OF CLAIM:

Claim is hereby made in the amount of \$ For baggage and/or personal effects () lost
() damaged, while being transported as follows:

TRAVEL ITINERARY:-

Enter only from point at which baggage was checked/carried to destination

FROM	TO	AIRLINE	FLIGHT NO.	CLASS	DATE

Passenger Ticket Number: Issued in name of:

3. **WAS LOST OR DAMAGED BAGGAGE CHECKED** **OR UNCHECKED**

Was property insured under your own policy?

If baggage was checked please advise:

Total number of pieces of checked baggage Number of pieces lost

Number of pieces damaged

Total weight of checked baggage (if known), in kilos or pounds was baggage pooled

If so, how many passengers Baggage tag/check number(s) of lost piece(s)

Final destination shown on baggage tag(s)/check(s) Did you pay excess baggage charges

If yes, list excess baggage ticket number(s)

Did you declare excess valuation? If yes, how much? \$

4. **CONDITION OF PROPERTY WHEN RECEIVED BY CLAIMANT:** (Complete for damage / pilferage only)

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5. **NOTICE OF LOSS OR BAGGAGE:**

- (a) Claimant last saw property sound and complete at on 20.....
Place
- (b) Claimant took custody of property from at
on 20.....
Place
- (c) Claimant first noticed loss or damage to property on 20.....
Place
- (d) Claimant gave first notice of loss or damage in writing to Airline
at on 20.....
Place

6. **GIVE ANY OTHER INFORMATION WHICH YOU MAY POSSES IN REFERENCE TO THIS CLAIM:**

(use separate sheet of paper if necessary)

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7. **LIST LOSS OR DAMAGE:** *(continue on separate sheet if necessary)*

ARTICLE <small>(LIST CONTENTS OF EACH PIECE OF BAGGAGE SEPERATELEY)</small>	WHEN PURCHASED	WHERE PURCHASED	PRICE PAID	COST TO REPAIR	AMOUNT CLAIMED
TOTALS					

It is expressly understood and agreed by me that the furnishing of this form and any assistance furnished by employees of any Carrier are acts of courtesy and are not an admission of liability by or on the part of any Carrier. Any other information and/or documents relating to this claim which are required by any Carrier will be furnished by me upon request and shall be considered a part of this claim.

The statements contained herein, including the values placed upon the articles enumerated above, are true and correct to the best of my knowledge and belief.

.....
Date

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Claimant Signature

ATTACH THE FOLLOWING DOCUMENTS OR LEGIBLE PHOTOCOPIES
Passenger Coupon(s) of passenger ticket(s) *Property Irregularity Report / Excess Baggage Coupon*