

Loss or Delay of Luggage Claim Form

As a result of the delay of flight number _____ which occurred on
(mm/dd/yyyy) _____ with airline _____ due to
_____, I am attaching the following documentation: **(We reserve the right to
request additional documents if required)**

Loss of Luggage

- ☐ **Claim letter:** Explaining how and where the loss occurred.
- ☐ **Copy of boarding passes and luggage tags:** Baggage registration tickets with the transportation line.
- ☐ **Copy of theft or loss report:** Filed document raised with the transportation line.
- ☐ **Copy of valid photo identification of the insured issued by a government entity with authority to issue it (front and back):** If you are a citizen of the United States of America, identifications issued by both the federal government and any of its jurisdictions will be accepted. If you are not a citizen of the United States of America, only a valid national passport will be accepted.

Delay of Luggage

- ☐ **Claim letter:** Explaining how and where the incident occurred.
- ☐ Receipts or invoices of incurred expenses: For necessary personal items, necessary due to the delay of the flight.
- ☐ **Copy of valid photo identification of the insured issued by a government entity with authority to issue it (front and back):** If you are a citizen of the United States of America, identifications issued by both the federal government and any of its jurisdictions will be accepted. If you are not a citizen of the United States of America, only a valid national passport will be accepted.
- ☐ **Document issued by the airline:** Indicating the reason for the delay, flight number, and date.

Name			
Postal Address			
Residential Address			
Birth Date (m-d-y)		Policy Number	
Phone Number		Email	

Committed to providing you with the excellent service you deserve, it is necessary that you submit all the above-mentioned documentation. You can begin your claims process by sending your information by regular mail to the following address:

Chubb Insurance Company of Puerto Rico, PO Box 191249, San Juan, PR 00919-1249. You can also send your claim by fax to 787-758-6989 or by email to: puertorico-firstnoticeofloss@chubb.com.

The requested information is required to initiate the process of your claim. Claims that do not meet all the previously requested documentation will not be accepted.

Article 27.320-Notice by the Insurance Commissioner

"Any person who knowingly, and with the intent to defraud, submits false information in an insurance application or who submits, helps, or makes fraudulent claims for payment of a loss or other benefit, or presents more than one claim for the same damage or loss is guilty of a felony and, regardless of conviction, shall be fined not less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000) or imprisoned for a fixed term of three (3) years, or both. In case of aggravating circumstances, the fixed penalty established may be increased up to a maximum of five (5) years; in case of mitigating circumstances, it may be reduced to a minimum of two (2) years."

I certify that the information provided by me on this form is correct.

Signature
(or legal representative)

Date
(mm-dd-yyyy)