

# Baggage Handling Questionnaire

To be filled by the claimant only and returned to the nearest Air Seychelles Office within 7 days.  
This form should be attached with the copies of passport, Passenger Ticket and excess weight ticket.

- Claimant's Name : \_\_\_\_\_
- File Reference Number : \_\_\_\_\_
- Email Address : \_\_\_\_\_
- Telephone Number : \_\_\_\_\_
- Subject Claim :  Loss     Damage     Pilferage
- Claim is hereby made in the amount of USD \_\_\_\_\_  
OR it's equivalent \_\_\_\_\_
- Did any other carrier participate in handling you baggage?     Yes     No

• **List your itinerary including other carriers if applicable**

From	To	Carrier	Date	Flight No. / Date

- Total number of pieces checked \_\_\_\_\_    • Total weight of checked baggage \_\_\_\_\_ **KG**
- Unchecked     • Were you charged for excess baggage?     Yes     No
- The last place your property was seen in sound \_\_\_\_\_ Date
- Place you noticed your property was lost or damaged \_\_\_\_\_ Date
- Whom did you first report loss or damage?    Carrier \_\_\_\_\_    Place \_\_\_\_\_    Date \_\_\_\_\_
- Describe type of articles lost or damaged: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How much? \_\_\_\_\_    • Excess valuation receipt number \_\_\_\_\_

**Please attached passenger receipt to this claim.**

**PTO**

