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**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Carrier Date</th>
<th>Flight No. / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Total number of pieces checked _____  
  Unchecked ☐
- Total weight of checked baggage _____ KG
- 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
• Have your reported the loss or damage to any other Air Seychelles Office?  □ Yes  □ No
  If yes, where?  ____________________________  Date ________

• Is lost or damaged property insured under any insurance policy held by claimant?  □ Yes  □ No
  If yes, advise policy number:  ____________________________
  Name and address of Insurance Company  ____________________________
  ____________________________
  ____________________________
  ____________________________

• **List of lost or damaged Property or articles**

<table>
<thead>
<tr>
<th>Articles</th>
<th>Date and Place of Purchase</th>
<th>Cost Price</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

I hereby certify that the statement contained herein including the values of articles is true and correct to the best of my knowledge.

Claimant Signature  ____________________________  Date  ____________

• Please write any remarks you may like to add with this regard  ____________________________
  ____________________________
  ____________________________
  ____________________________
  ____________________________