

# 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**

