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 N	ame :					
File Referenc	e Number :					
Email Addres	s:					
Telephone N	umber :					
Subject Clair	n: Loss	☐ Damage	Pilferage			
	,					
Did any othe	r carrier partic	ipate in handling	you baggage? Yes) No		
List your itir	nerary includir	ng other carriers	if applicable			
From	То	Carrier Date	Flight No. / Date			
Total numbe	r of pieces che	cked	• Total weight of checked bag	gage KG		
Unchecked [_		• Were you charged for			
Onenecked C	_		excess baggage?	Yes U No		
The last place	e vour propert	v was seen in sou	nd	Date		
The last place your property was seen in sound						
Place you noticed your property was lost or damaged						
Whom did you first report loss or damage? Place						
Describe type	e of articles los	t or damaged: _				
		• Fycess	valuation receipt number			
HOW MUCH!						

PTO

Please attached passenger receipt to this claim.



Have your reported	the loss or damage to any ot	ner Air Seychelles Of	fice? Yes	⊃ No
If yes, where?			Date	
If yes, advise policy			□ No	
• List of lost or dama	aged Property or articles			
Articles	Date and Place of Purchase	Cost Price	Amount Claimed	
		TOTAL		
	at the statement contained correct to the best of my k		e values of	
Claimant Signature		Date		
Please write any ren	narks you may like to add wit	h this regard		