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Dear Policyholder:

Please complete and sign the attached claim form. Additionally, the following items are needed in order to process your **Baggage Protection** claim in the most efficient and expedient way possible.

What you should provide:

- Proof of your loss: documentation from the carrier (cruise line, airline, etc.), confirming the damage along with the disposition of your claim;
- Disposition of your claim with your homeowner's/rental insurance company. If you do not wish to file a claim with your homeowner's/rental insurance company, please provide us with a copy of your insurance Declaration Page showing the deductible amount. The homeowner's/rental disposition is not necessary for those who have primary Baggage Coverage (please check your Description of Coverage or Policy for details);
- Please complete the attached Affidavit of No Insurance if you do not have any other insurance;
- An itemized list of all lost/stolen items, including the manufacturers names, model numbers, dates of purchase, and amounts claimed. Also include receipts for all damaged items. A 25% depreciation will apply to all non-receipted items. If you do not have receipts, please notify us in writing;
- Repair estimates for damaged items;
- Any photos you may have of the damaged items;
- Actual proof of travel (copies of airline tickets, invoices, or itineraries);
- Proof of age for all parties making a claim, such as copies of driver's licenses or passports. If any parties are minors, please provide the names and addresses of their parents or legal guardians. If multiple parties are making a claim, please state their relationship to one another;
- Please note: if you are emailing your claim, our system does not accept files over 10MB in size.

EACH PARTY MAKING A CLAIM MUST SIGN THE COMPLETED CLAIM FORM

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are medically or legally incapacitated.

Thank you. Should you have any questions, please call us at (800) 541-3522.

BAGGAGE DELAY/BAGGAGE LOSS CLAIM FORM

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IMPORTANT: ALL PAGES OF THIS CLAIM FORM MUST BE COMPLETED IN FULL AND SIGNED. FAILURE TO DO SO MAY DELAY THE PROCESSING OF YOUR CLAIM.

SECTION 1: PERSONAL & TRAVEL INFORMATION

NAME OF INSURED		POLICY/REFERENCE #		SCHEDULED TRAVEL DATES
BOOKING/RESERVATION #	DATE OF BIRTH	HOME/CELL PHONE	BUSINESS PHONE	EMAIL ADDRESS
INSURED MAILING ADDRESS		CITY	STATE	ZIP CODE
CO-INSURED/TRAVELING COMPANION(S)	DATE OF BIRTH	HOME/CELL PHONE	BUSINESS PHONE	EMAIL ADDRESS
CO-INSURED/TRAVELING COMPANION(S) MAILING ADDRESS		CITY	STATE	ZIP CODE
TRAVEL AGENT/RENTAL COMPANY	TRAVEL AGENT'S NAME	TELEPHONE	EMAIL ADDRESS	
TRAVEL AGENT'S MAILING ADDRESS		CITY	STATE	ZIP CODE

SECTION 2: DETAILS OF LOSS/DELAY

WHERE AND HOW DID THIS LOSS, THEFT, DAMAGE, OR DELAY OCCUR?	
DATE OF LOSS, DAMAGE, OR DELAY	IF BAGGAGE DELAY, FOR HOW LONG?
DID LOSS OR DAMAGE OCCUR WHILE INSURED PROPERTY WAS ON OR IN THE CUSTODY OF A COMMON CARRIER (I.E., AIRLINE, CRUISE LINE, RAILROAD, ETC.)? IF YES, LIST NAME OF CARRIER	DID YOU COMPLETE AN ACCIDENT OR INCIDENT REPORT AT THE TIME OF LOSS OR DAMAGE? IF YES, PROVIDE A COPY OF REPORT AND LIST NAME AND TITLE OF PERSON TO WHOM NOTICE WAS GIVEN BELOW (I.E., POLICE, COMMON CARRIER, HOTEL, ETC.)
HAS A CLAIM BEEN FILED AGAINST CARRIER? IF NO, PLEASE DO THIS IMMEDIATELY	IF YES, HAVE YOU BEEN PAID BY THE CARRIER? PLEASE LIST AMOUNT BELOW
IS THERE ANY OTHER INSURANCE THAT MIGHT COVER THIS LOSS? (I.E., HOMEOWNERS, RENTERS, CREDIT CARD, ETC.) IF YES, PLEASE LIST NAME OF COMPANY	POLICY NUMBER FOR OTHER INSURANCE

INSURANCE COMPANY MAILING ADDRESS	CITY	STATE	ZIP CODE

PLEASE COMPLETE OTHER SIDE

SECTION 3: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED

DESCRIPTION OF ITEMS INCLUDING BRAND NAMES;	PLACE OF PURCHASE	DATE OF PURCHASE	PURCHASE PRICE
		LESS AMOUNT RECEIVED FROM OTHER SOURCES	
Notice: If you have more items, please attach separate sheet		**TOTAL AMOUNT CLAIMED** (including additional items if attached)	

FRAUD WARNINGS AND DISCLOSURES

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Alaska, Minnesota, New Hampshire: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, Louisiana, New Mexico, Texas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Maine, Virginia, Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Delaware, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self insured program files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kentucky, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Kansas: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon: Any person who knowingly and with intent to defraud, files a claim for benefits may be guilty of insurance fraud and may be subject to prosecution.

☐ By checking this box, I/we, the insured(s), agree that my/our electronic signature(s) shall be the legal equivalent of my/our manual signature(s) on the document. I/we, the insured(s), attest that all the statements in this document are true and complete to the best of my/our knowledge. I/we authorize Generali Global Assistance to contact me/us or anyone else involved in this matter, to verify whether or not this loss occurred. I/we further authorize Generali Global Assistance to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to Generali U.S. Branch, Generali Assicurazioni Generali S.p.A. (U.S. Branch), Assicurazioni Generali – U.S. Branch, Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice, The General Insurance Company of Trieste and Venice – U.S. Branch, insurance support organizations, fraud information clearinghouses, designated service providers and business associates assisting in the processing of the claim.

INSURED'S SIGNATURE	PRINT NAME	DATE
ADDITIONAL INSURED'S SIGNATURE	PRINT NAME	DATE

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AFFIDAVIT OF NO INSURANCE

I/we, _____ hereby declare under penalty of perjury that I/we do not have any other valid and collectible insurance or indemnity coverage, including, but not limited to, homeowners, renters, or other travel insurance policies that were in effect during the covered trip.

_____ _____
Signature Date

_____
Print Name

_____ _____
Signature Date

_____
Print Name

_____ _____
Witness Signature Date

_____
Print Name

P.O. Box 939057 | San Diego, CA 92193-9057 | (800) 541-3522 | claims@generalitravelinsurance.com