



#103, 8411, 200th Street
Langley, BC V2Y 0E7
TEL: (604) 888-0050
Toll free: 1(800) 993 6388
FAX: (604) 888-1008
International Fax: 001(604) 888-1008
E-mail: claims@sports-can.ca

Island Breeze Baggage Insurance Claim Form

Instructions

Important

- All Claims must be reported within 30 days of occurrence.
- Written proof of claim must be submitted within 90 days of occurrence.
- Claims cannot be processed until complete documentation and a completed claim form is received by Sports-Can Insurance Consultants Ltd.. Incomplete forms will be returned and will delay processing of your claim.
- You are responsible for any fees charged for completing this form or issuing supporting documentation
- Please refer to the claims procedures in this policy booklet or your agent for details on what is required to substantiate your claim.
- This form must be completed by the insured or by the parent or legal guardian if the insured is a minor

Requirements for Prior to Departure

- Please enclose original receipts to substantiate ownership. Photocopies will not be accepted.
- You must provide an official loss report to validate your claim

Section A: Claimant Information

Insured's First Name: _____ Last Name: _____

Male Female Date of Birth: MM: _____ DD: _____ YY: _____

2nd Insured's First Name: _____ Last Name: _____

Male Female Date of Birth: MM: _____ DD: _____ YY: _____

Policy#: _____

Telephone: () _____ Fax: () _____ Email: _____

Address: _____ City: _____ Province: _____ Postal Code _____

Destination: _____ Departure Date: MM: _____ DD: _____ YY: _____

Return Date: MM: _____ DD: _____ YY: _____

Section B: Type of loss

Lost Damage Theft Delay

Describe how and where the loss occurred: _____

Date loss occurred: MM: _____ DD: _____ YY: _____ Time: _____

Airline Cruise Line Bus Line Tour Guide Hotel Police Other (please specify):

Section C: Schedule of Items Lost, Damaged, Stolen or Delayed

- Attach additional sheet if needed

Description of Item Claimed	Quantity	Owner of the Item	Date Purchased	Purchase Price CAD Funds	Estimated Repair Cost or Actual cash Value
1.					
2.					
3.					
4.					

Section D: Other Insurance Coverage

How did the insured pay for the items being claimed for? Cash Cheque Credit Card

If Paid by credit card, benefits may be available through the card, please provide the following information:

Name and Address of issuing bank for credit card: Name : _____

Address: _____ City _____

Province: _____ Postal Code: _____

First 6 Digits of credit Card #: _____ Expiry Date MM: _____ DD: _____ YY: _____

Cardholder's Name (please print): _____

Cardholder Signature: _____

Do you have insurance benefits available through homeowner's insurance, automobile insurance or any other source:
 Yes No If 'yes' please provide details below:

Plan	Name & Address of Insurance Company	Policy #	Telephone
Homeowners Insurance			()
Tenants Insurance			()
Travel Insurance (other than Sports-Can)			()
Other			()

Have you claimed from any other party Yes No
 If 'yes' please attach as copy of their settlement or denial

If you did not report the loss, please provide an explanation: _____

Insured's Signature: _____ Date : MM: ____ DD: ____ YY: _____

Section E: Authorization and Certification

Sports-Can Insurance Consultants Ltd. is committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used only for the purpose of providing you with the requested insurance services. For a copy of Sports-Can's privacy policy, please contact us.

I authorize any other insurer to release and exchange with Sports-Can Insurance Consultants Ltd. or its representatives, any information that the insure requires to process this claim. I assign to Sports-Can Insurance Consultants Ltd. any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to Sports-Can Insurance Consultants Ltd.. I also authorize any third party providing me with assistance in this claims process, to have access to any and all relevant claims information related to the adjudication of my claim with Sports-Can Insurance Consultants Ltd..

I confirm I am authorized to act on behalf of my dependents for these purposes. A photocopy of this authorization form shall be valid as the original. I certify that the information provided in connection with this claim is complete, true and accurate.

Full Name of Insured (please print): _____

I authorize payment of this claim to (please print): _____

Date : MM: ____ DD: ____ YY: _____

Signature of Insured or authorized representative (if minor, signature of parent or legal guardian):

Signature: _____

Signature of policyholder or other insurance specified in Section D (if applicable)_____