



Please complete all sections and submit to: **Group Medical Services #200 - 3303 Hillside Street, Regina, SK S4S 7J8**

### A. Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth DD / MM / YYYY  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_ GMS Policy # \_\_\_\_\_

### B. Trip Information

Departure Date DD / MM / YYYY Return Date DD / MM / YYYY  
 Date of Loss or Damage DD / MM / YYYY Location of Loss or Damage \_\_\_\_\_

To whom was the Loss or Damage reported?

- Police       Hotel Management       Tour Guide       Airline       Other Transportation Authorities  
 Other \_\_\_\_\_

How did the loss or damage occur?


### C. Other Insurance Coverage

**Please provide details** (attach additional information if necessary)

Do you have other insurance that may cover Loss or Damage to your Baggage?

Type of plan \_\_\_\_\_ Policy/ID/Credit Card # \_\_\_\_\_

Name and address of bank/credit card or insurance company \_\_\_\_\_

Have you filed a claim?  Yes  No

### D. Declaration

- If I recover any lost items or receive any amount as compensation in respect to any claim already paid by Group Medical Services, I will immediately mail full details to Group Medical Services.
- I hereby state that the above information provided true and correct to the best of my knowledge and belief that no material information has been withheld.

**Signature of Claimant** X \_\_\_\_\_ **Date** DD / MM / YYYY \_\_\_\_\_

## E. Schedule of Items Lost or Damaged

Attach original receipt for each item and provide itemized receipts for replaced or repaired items.

Description of Items Claimed (state if item is a part of a set)	Original Date of Purchase	Original Price Paid	Replacement Cost	Estimated Repair Cost
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			

**Totals** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Payment** \$ \_\_\_\_\_