



## TD Insurance Instructions for completing the claim package for Delayed and Lost Baggage Insurance

The Delayed and Lost Baggage Claim Instructions contains five sections:

- Section 1: Information about the Cardholder/Certificate Holder
- Section 2: Description of Lost Items
- Section 3: Checked Baggage Information
- Section 4: Other Insurance Information
- Section 5: Authorization and Declaration

Note:

- Please print all information using a ball point pen.
- Initial all corrections/changes, including any changes you make with correction fluid (liquid paper).
- Completion of all five sections is required and any missing information may result in the delay of the processing of your claim.
- Checkboxes are provided below to assist you in completing the claim package.
- If you have any questions, please contact our Administrator at 1-800-293-4941.

### Instructions for the Claimant

Check if  
completed

- Please complete and sign the attached claim form. Note: Your Claim must be filed within 90 days of incident.
- Please provide the following documentation, if applicable, and check the appropriate box for each item included:
  - A copy of your ticket and/or itinerary
  - A copy of the original itemized receipts for claims, including actual expenses incurred for essential clothing and toiletries, as proof of value
  - A written statement from the Common Carrier if loss occurred while baggage was in custody of an airline
  - A photocopy of the personal insurance declaration page for the homeowner or tenant insurance carrier
  - A copy of the final statement of any claim(s) you submitted to any other insurance company/airline/supplier
  - A copy of your baggage claim ticket from the airline
  - Copy of the Account charge receipt or TD Canada Trust Credit Card statement for the cost of the ticket
  - Written statement from the Common Carrier confirming date and time of delay or loss, date and time baggage was returned, reason or circumstances surrounding the delay or loss and any other information reasonably required by us. Note: Checked baggage must be delayed more than six (6) hours from the time of arrival at final destination.
  - If baggage is not returned a statement of liability accepted by the common carrier, if any
- Retain a copy of the completed claim package for your records
- Return the original forms to:
  - Allianz Global Assistance
  - P.O. Box 277
  - Waterloo, ON
  - N2J 4A4
  - Fax: (519) 742-9471



**Section 1: Information about the Cardholder/Certificate Holder**

Mr    Mrs    Ms    Miss

Case # (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name, Initial) (Month, Day, Year)

Address: \_\_\_\_\_  
(Number) (Street) (City) (Province) (Postal Code)

Home Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Business Phone :(\_\_\_\_)\_\_\_\_-\_\_\_\_

Credit Card # (please list only the last four digits) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Date of Birth of Cardholder \_\_\_\_\_  
(Month, Day, Year)

List all people claiming:

Name	Age	Relationship to insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 2:**

**i. Description of Lost Items (Please add an additional page if necessary)**

Description of Lost Items	Quantity	Original Date of Purchase (Month/Year)	Original Purchase Price (including tax)	Currency
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

NOTE: Any amount payable under the Baggage and Personal Effects benefit will not exceed the maximum limit set in your certificate. Depreciation will be applied.

**ii. Description of Essential Items\* Purchased due to Lost/Delayed Luggage (Please add an additional page if necessary)**

Description of Essential Items	Quantity	Original Date of Purchase (Month/Year)	Original Purchase Price (including tax)	Currency
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

NOTE: Any amount payable under the Baggage and Personal Effects benefit will not exceed the maximum limit set in your certificate. Depreciation will be applied.

\* **Essential Items** means essential clothing and toiletries that the Covered Person was carrying in the baggage, which the Covered Person must replace during the period of Baggage Delay.

**Section 3: Checked Baggage Information**

I/We checked \_\_\_\_\_ pieces of baggage with \_\_\_\_\_ airline(s).

Upon arrival my baggage was:  Missing  Delayed

The loss was reported to \_\_\_\_\_ airlines at \_\_\_\_\_ airport on \_\_\_\_\_ date.  
(Month, Day, Year)

A claim in the amount of \$ \_\_\_\_\_ has been made against the airline concerned.

The airline has paid \$ \_\_\_\_\_ in \_\_\_\_\_ currency.

I am including a copy of the airline report with this form. Claims will not be processed without this form.

**Section 4: Other Insurance Coverage**

Do you have:	Insurance Company Name	Policy Number	Credit Card Number (last 4 digits)
Homeowner/Tenant/Condominium Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Have you submitted a claim to any of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: This insurance is EXCESS coverage and does not apply as contributing insurance, and will reimburse you only to the extent your claim exceeds coverage and payment available under other insurance that you may have. For any claims over \$500.00 CAD we require a copy of the declaration page(s) from your other applicable insurance policies. The declaration page is the portion of your written certificate that provides a summary of your coverage, including any deductibles.

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## Section 5: Authorization and Declaration

- I authorize any other insurance carrier to release and exchange with TD Home & Auto Insurance Company ("TD H&A") and its administrator Allianz Global Assistance ("Allianz") or its representative's benefits payment information relating to this claim.
- The information provided with respect to this claim will be used by TD H&A and its administrator Allianz or their representatives to investigate any losses, assess any entitlement to benefits and to administer this claim, and as otherwise indicated in the privacy terms available at td.com/privacy, or included with your credit card.
- We will investigate and administer this claim by consulting the insurer's existing files and by exchanging information with the undersigned and third parties, such as law enforcement, fire and emergency services departments, parties involved with any subrogation action, and other independent sources.
- I authorize Allianz (including its representatives or affiliates) to disclose to TD H&A any information relating to this claim that it may have in its possession including information it obtains from third parties. I am aware that any authorization I provide to Allianz to obtain information about this claim from any third party is also an authorization for TD H&A to obtain copies of the information.
- I also authorize the Insurer, its reinsurers and its respective agents to exchange and/or transmit information concerning this claim to the organizations listed above as is necessary to evaluate this claim. This consent shall be valid during the continuation of such claim.
- I understand that if I am a dependent under this insurance coverage, the named insured will have access to information related to this claim in connection with the administration of this plan.
- I agree that a photocopy or facsimile of this authorization shall be valid as the original and that this authorization shall be considered valid for the duration of this claim, but not to exceed two years from the date it is signed. I understand information about me may be reviewed in the event this plan is audited.
- I agree to provide all necessary assistance to secure the rights and remedies to subrogation of the claim against third parties who may be responsible for the claim.
- I declare that all statements made in this claim form are accurate, true and complete. I understand that making false, misleading or incomplete statements may cause not only the claim to be denied, but insurance coverage to be rescinded by the Insurer. The undersigned agrees to refund the amount of any payments that should not have been made.

If I am not the Insured:

- In providing this authorization to collect personal information about the Insured relating to this claim, I the undersigned do hereby certify that I have appropriate permission from the Insured to authorize the collection, use and disclosure of their personal information as authorized above and that the Insurer and its agents and reinsurers may rely and act upon my authorization.

Claimant \_\_\_\_\_  
(Last Name) (First Name, Initial)

Signature of Claimant \_\_\_\_\_ Date: \_\_\_\_\_  
(Month, Day, Year)

### **Claim must be filed within 90 days of incident.**

Completed and signed claim forms and supporting documents should be returned to Allianz Global Assistance within 90 days from the date of incident. Prompt attention to this request for information is required to adjudicate your claim.

Please note that photocopies and scanned images are acceptable. Original documents will not be returned upon completion of your claim.