


**MAPFRE | INSURANCE® - Baggage or Personal Property Loss / Baggage Delay Claims Form**

<p><b>MAPFRE   INSURANCE®</b></p> <p><b>Claim Form</b></p> <p>c/o InsureandGo USA 7300 Corporate Center Drive Suite 601 Miami, FL 33126</p>	<p>Date:</p>
	<p>Claim No.:</p>

Baggage or Personal Property Loss / Baggage Delay				
Name of Insured				
Home Address				
State		City		Zip
Home Telephone			Date Of Birth	
Cell Phone			E-mail Address	
Mailing Address, if different from Home Address:				
Street Address				
State		City		Zip
Plan Information/ Trip Information				
Policy #			Date Incident Occurred	
Departure Date			Return Date	
Original Destination			Travel Agency Name	
Date of Initial Deposit/Payment			Travel Agency Phone #	
Traveling Companions (Please indicate name and relationship to you)				
1.			6.	
2.			7.	
3.			8.	
4.			9.	
5.			10.	

**Please Complete The Section Below.**

**Documents You Need to Send Us – SEND DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

- We require original documents that show your dates of departure and return travel, (booking invoice, travel tickets, itinerary etc.)
- If your claim involves **lost or stolen property**, a police report is necessary unless the property was in the custody of the common carrier. If the latter is the case; then a report issued by the carrier or their agent is required instead. Additionally, written confirmation from the carrier that no payment has been issued to you and all used travel tickets and baggage tags relative to your claim.
- Proof of ownership of personal property may take the form of receipts, credit card statements showing the purchase of the items claimed. Also, manuals or guarantee documentation may be acceptable forms of proof of ownership.
- If your claim is for **damaged property**; please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a qualified tradesman. Please retain all damaged items as we may require an inspection and or may wish to take possession of your damaged property for salvage purposes.
- A copy of the finalized settlement statement from the entity (e.g. airline, cruise line, tour operator, home insurance, credit card, etc.) that received the incident report.

**If you are unable to supply any of the documentation requested please provide a written explanation.**

**Please answer ALL applicable questions below**

Baggage Delay Claims Only					
Date & Time of arrival in resort			Date & Time luggage received		
How long was your luggage delayed?		Has compensation been received from the carrier? If so please provide documentary evidence of this. Otherwise, please state <b>No</b> .			<input type="checkbox"/> YES <input type="checkbox"/> NO
Flight No		Flight Date		Carrier Reference No	

Loss, Theft or Damage Claims Only					
Please check the type of incident that occurred regarding your luggage. Please note more than one incident type can be selected.			<input type="checkbox"/> Loss	<input type="checkbox"/> Theft	<input type="checkbox"/> Damage
<b>Where and when did the loss, theft or damage occur?</b>					
Date & Time of incident			Place of incident (country, and resort/town).		
Was the incident reported to the Police or Carrier (Airline)? If so please provide the information regarding the reported incident. Otherwise, please state <b>No</b> .					<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Police</b>					
Date		Time		Reference No	
<b>Carrier (Airline)</b>					
Date		Time		Reference No	

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<b>Detail below the full circumstances surrounding the incident and the precautions taken to protect your property.</b> Continue on a separate sheet if necessary.						
<b>Where were the items at the time of the loss, theft or damage?</b>						
<b>Loss and theft claims only.</b> What action did you take to attempt to recover your property? Was the incident reported to any other authority, e.g. your holiday rep, rental car company or hotel etc? Please provide full details and a copy of their report if obtained.						
Do you/your family or anyone else claiming have any other insurance which may cover this loss, e.g. travel insurance with your bank/credit card account, tour operator/travel agent or household insurer etc?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurer		Street Address				
State		City	Zip			
Policy No / Account No		Name of Policyholder				
<b>Has a claim been submitted to any other party,</b> e.g. other insurer, airline or carrier etc?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give details and a claim reference number:						





**STATE FRAUD WARNING LANGUAGE**

**Alabama**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof."

**Alaska**

"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."

**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."

**Arkansas**

"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 fines and confinement in prison."

**California**

IN GENERAL: "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 an 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**Delaware**

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

**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." [DC Code]

**Florida**

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**Idaho**

"Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony."

**Indiana**

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

**Kentucky**

"Any person who knowingly and with intent to defraud any insurance company or other person files a 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."

**Louisiana**

"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 fines and confinement in prison."

**Maine**

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**Maryland**

"Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Minnesota**

"A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

**New Hampshire**

"Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20."

**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 Mexico**

"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."

**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."

**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."

**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."

**Rhode Island**

"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 fines and confinement in prison."

**Tennessee**

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**Texas**

"Any person who knowingly presents a 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."

**Virginia**

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**Washington**

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**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 fines and confinement in prison."

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**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 such violation."

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION**

The undersigned represents and warrants information or documents provided to MAPFRE|INSURANCE® by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.

Signature of Claimant 1:	Date:
Signature of Claimant 2:	Date:
Signature of Claimant 3:	Date:
Signature of Claimant 4:	Date:



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Each person filing a claim must sign and date below.

_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date
_____ Signature of Claimant	_____ Date

**Return the complete form via email, fax, or mail to:**



E-mail: [mapfretravelclaims@insureandgousa.com](mailto:mapfretravelclaims@insureandgousa.com)



Fax: (877)570-9801



MAPFRE | INSURANCE® c/o InsureandGo USA  
Mail: 7300 Corporate Center Dr. Suite 601  
Miami, FL 33126

For any questions please contact the below phone number.  
Monday – Friday 9:00 AM to 5:00 PM EST



Phone: (888)838-0921

Insurance underwritten by American Commerce Insurance Company Plan  
administered by Insure & Go Insurance Services USA, Corp