

Passenger Property Loss Claim



0412-80217 CLAIMS 4-03

Please reply to: Central Baggage Service
Corporate Customer Care
Post Office Box 20598
Atlanta, GA 30320-2598
FAX 888 880-3412

Name (Mr/Mrs/Ms First Middle Last)

Address

Telephone

Delta Claim No.

Employer

Occupation

Business Address

Business Telephone

E-mail Address

| Flight Itinerary | Airline | Flight Number | Date | From | To |
|------------------|---------|---------------|------|------|----|
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Frequent Flyer No.

Passport No.

Social Security No.

No. of bags checked

No. of bags received

No. of bags missing

Weight of each bag missing

Was excess value declared? Yes No If yes, attach copy of excess valuation coupon

Passenger Ticket No. (attach copy)

Baggage checked at: Curbside Ticket Counter Gate

Baggage was last seen at:

Baggage was checked to (city shown on tag)

on (Airline/Flight Number)

Final Destination

Was baggage rechecked and new tags issued? Yes No If yes, what airport

Was baggage seen there? Yes No

Was baggage available at customs? Yes No

Give particulars if original routing was changed after starting trip

Was airline notified of loss immediately? Yes No If yes, at what office

Time

Date

By telephone or in person?

If airline was not notified, state reason for delay

Has loss been reported to any other airline? Yes No If yes, to whom?

Any other relevant details

Have you ever filed previous baggage claim(s) on Delta Air Lines? Yes No

If yes, was claim(s) for lost baggage or missing contents?

Have you ever filed previous baggage claim(s) with other airlines? Yes No

If yes, state type of claims(s), name of airline and date of loss

Attach Baggage Claim Check
(Complete Reverse Side)

