

Dear American Airlines Customer,

Please accept our sincere apology for the mishandling of your property. We understand your concern and realize the inconvenience this causes. Completion of this form in reference to a delayed bag will allow us to intensify our tracing efforts with the goal of locating and returning your property.

Complete all areas of this form and return it to us no later than 45 days from the date of travel. Failure to return this completed form to us within the timeframe may result in the denial of your claim.

If your claim involves more than one piece of baggage, please itemize each bag and its contents separately. Failure to include the requested information may affect the processing of your claim.

☑ Check list:
□Airline ticket receipts
□Baggage claim checks
□Original receipts are required for all reimbursement for delay expenses
☐Receipt(s) for excess value claimed
□Receipt(s) for excess baggage charges paid
□Receipt(s) for all items valued over \$150.00
☐Clear and legible government issued photo identification for each passenger making a claim
□Damage claims: retain all damaged bags and/or contents until your claim has been resolved
□Retain a copy of all documents submitted to the airline for your personal records
Once you have completed the form, please return it to us by mail or fax:
American Airlines, Inc. Central Baggage 4000 E Sky Harbor Blvd. Phoenix, AZ 85034 Fax 480-693-2305 Email: central.baggage@aa.com
Liability Limitations:
Liability for loss, delay, or damage to baggage will be limited as follows:
Domestic Travel (wholly within the United States) - \$3,500 per ticketed passenger. Certain items are excluded from liability; see Contract of Carriage at aa.com
International Travel (including domestic portions of international itineraries) is covered by the Montreal Convention – 1,131 SDR (Special Drawing Rights) per ticketed passenger
Thank you for your cooperation,
Your American Airlines Central Baggage Team



PASSENGER PROPERTY QUESTIONNAIRE

File Reference Number: ___

AAdvantage: ___

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Type of Claim: (check	ali that a	рріу)								
□Lost Luggage	☐Missing Contents									
□Damaged Luggage ar	□Delay Expenses									
Mr. ☐ First	Middle	Last Name		Phone Number						
Mrs. □ Ms. □					Home: Business:					
Permanent Mailing	Number	Street	Apt.	Temporary Ma	ailina N	lumber	Street			
Address		3.1.33 1	, 100.	Address	9		0001	7.10		
City		State		City				State		
Zip Code				Zip Code						
Country				Country						
Postal Code				Postal Code						
Email Address:				Employed by:						
				Occupation:						
Your Complete Flight It	inerary									
From	То	Air	ine Flight		t Number		Travel Date			
Have you, or any member	of your hou	usehold had a previous	s haggage clair	n with ΔΔ or any	v other airline i	n the last 5	vears?	Yes □ No	———	
If yes, list each airline, clair					y outlot all little il	in the last o	youro.	100 🗀	<i>,</i> ¬	
Airline(s)				Name(s)						
Date(s)										
Information gathered on thi	s form ma	y be shared with other	airlines, local, s	state and federa	al law enforcem	ent agencie	es or private ir	nsurers.		
Number of ticketed passengers Number of passengers				Purpose of trip? Length of stay?						
traveling in your party: claiming missing baggage:			age:							
Were you charged for exce		Yes □ No □		-	re and pay for e	excess valu	e: Yes 🗆 🗈	No □		
and/or overweight baggage: Value declared: \$										
Have you received your baggage and are you missing contents only: Yes □ No □ If yes, how many bags are missing contents?										
Was airline notified of loss immediately? Yes ☐ No ☐ If yes, at what office? By telephone ☐ In person ☐										
If airline was not notified within 4 hours, state the reason for the delay:										
Where and when did you last see your baggage?										
Has this loss been reported to another airline? Yes □ No □ If yes please provide name of airline and city where reported										

Certification and Understanding

APPLICABLE IN USA ONLY. It is expressly understood and agreed by the claimant that the furnishing of this form and any assistance given by employees of American Airlines, Inc., are acts of courtesy and shall not constitute a waiver of any rights or an admission of liability by or on the part of American Airlines, Inc., its employees or agents. Any other information and/or documents relating to this statement which are required by American Airlines, Inc., will be furnished by claimant upon request and shall be considered part of this statement.

The United States Post Office has investigative jurisdiction under federal laws relating to sending false or fraudulent claims through the United States mail and any such claims received by American Airlines, Inc., are reported to the United States Postal Authorities. Loss of baggage in interstate shipment or of articles from such baggage come within the purview of federal statutes relating to thefts from interstate shipment and, are therefore, subject to investigation by the Federal Bureau of Investigation.



BAGGAGE AND CONTENT DESCRIPTION

NOTE: When more than one piece of baggage is lost, complete a separate baggage and content list for each missing bag.

Baggage routing:				r(s) on claim check:	Airport check		1	Airport checked to:		
Baggag	ge tag number(s):	I		Passenger tic	ket number(s):	I				
Numbe	r of bags checked:	Nu	umber of ba	igs received:	Baggage che	cked at: Curbside	e □ Ticket Cou	ınter	e Other	
Was ba	iggage rechecked ar	nd new tags i	ssued? Ye	es □ No □ If yes	, at what airpor	t?				
Was ba	iggage available at 0	Customs? Ye	es 🗆 No I	□ N/A □ If yes	, at what city?					
Give de	etails if the original ro	outing was ch	anged after	r starting your trip:						
Was yo	ur property packed i	n a box? Ye	s 🗆 No 🛭	☐ Was your proper	ty packed with	an external cover	? (example: gol	f bag) Yes □	No □	
Is the n	ame on the bag(s) d	ifferent from	the passen	ger? If so, what name?						
Please	list any initials, mark	s, tags, ribbo	ons, cords, t	ape or other exterior m	arkings on you	r bag(s):				
Bag Ty	pe Material	Color(s)	Brand	Bag Dimensions	Open/Close with Zipper	I Whale I		Purchase Date	Cost of Bag	
	□Hard				□Yes	□Yes	□Yes			
	□Soft				□No	□No	□No			
			Gender = N	M: Male F: Female	CH: Child I:	Infant (under 2 y	rs)			
Qty	Article/Item	Size	Gender M,F,CH,I	Description Colc		Brand Label	Store Purchased	Purchase Date	Original Cost	
1	Shoes	12	М	White with blue stripe		Nike	Sears	Jan-13	\$55.00	
4	T-Shirts	L	М	Undershirts Whi	te Cotton	Hanes	JCP	Jan-13	\$20.00	
If additional space is needed, please attach a separate page. Be sure to include a complete description and cost for each item along with receipts for all items valued over \$150.00.							TOTAL:	TOTAL: \$		
	-			and those on the a		-		-	-	
Claima	nt signature			Date	Claimant	signature*			Date	

Signatures are required for each <u>passenger claiming</u> lost property. Parents may sign for their children under age 18.