

LA LUXEMBOURGEOISE Société Anonyme d'Assurances 9, rue Jean Fischbach L-3372 Leudelange R.C.S. Luxembourg B 31035



## LOSS REPORT BAGGAGE

## Please complete carefully and return ASAP to:

LA LUXEMBOURGEOISE S.A. d'Assurances, L-2095 Luxembourg • Fax: +352 4761-68 68 • email: luxair@lalux.lu

								RES	SERVA	4OITA	NUN	BER	LUXA	IR										
															Т		T		Т				П	
NSURED PE	FRSON																							
lame of the insu																								
name of the insu	irea							Т		Т		Τ				Τ	Π	Τ						T
First name of the	insured															Dat	e of	birtl	<u> </u>					
instruction the	, msarea							Τ										/	Ė		1			T
Place of the resid	dence																	_		Post	al co	ude ode		
																					] - [			
treet and number	er						'										-						G	end
																							Femal	e
Profession																							Mal	e
Р	honenumb	er						Faxi	numb	er					_		GSA	٨						
private																								4
professionnal																								
																	Sia	nati						
OTIFICATI	ION: LC	oss o	F B	AGG	AGE												J15	nacc	ire d	of th	e be	nefi	ciary	
estination:																								
estination:																								
Destination: Date of departure										/ 														
Destination: Date of departure  /										/ [														
Destination: Date of departure  /										/ [														
Destination: Date of departure  Place of loss: Date of loss	/ _				Da	ate of I	retu ] / 	rn		/ [														
Destination: Date of departure  Place of loss: Date of loss	/ _				Da	ate of I	retu ] / 	rn		/ [														
Destination: Date of departure  Place of loss: Date of loss	/ _				Da	ate of I	retu ] / 	rn		/ _														
Destination: Date of departure	/ _				Da	ate of I	retu ] / 	rn		/ _														
Destination: Date of departure  Place of loss: Date of loss  Please describ	/ _				Da	ate of I	retu ] / 	rn		/ [														
Destination: Date of departure	/ _				Da	ate of I	retu ] / 	rn		/ [														
Destination: Date of departure	/ _				Da	ate of I	retu ] / 	rn		/														
Destination: Date of departure	/ _				Da	ate of I	retu ] / 	rn		/ [														
Destination: Date of departure  Place of loss: Date of loss	/ _				Da	ate of I	retu ] / 	rn		/ [														

Additional information in case of:											
$\hfill \Box$ Loss or deterioration of baggage by the airliner:											
Did you get any compensation from the airliner? $\hfill\Box$	yes 🗌 no										
If YES, what was the amount of the compensation?EUF	R										
☐ Delayed baggage:											
Waiting time:hours											
☐ Deterioration of baggage by a third party:											
Name of the third party  First name of the third party											
Place of residence	Portal code										
Place of residence	Postal code										
Street and number											
Listing and estimation of the damaged objects  Object description  Original purchase Age of the object  Estimated damages											
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											
DAMAGED BAGGAGE MUST BE RETA	AINED UNTIL CLAIMS ARE SETTLED										
I certify by my signature that the declarations were made	e in good faith										
Place and date	Signature of insured person preceded by «Read and approved»										
TO BE ATTACHED TO THIS DECLARATION											
<ul><li>in all cases of losses:</li><li>* Original invoices for purchases or repairs</li></ul>											
• in case of deterioration or loss by the airliner:											
* Conv of the PIR (Property Irregularity Report) establish	hed by the terminal «Lost and Found» Service										

- \* Copy of the PIR (Property Irregularity Report) established by the terminal «Lost and Found» Service
- \* Airline ticket, baggage tag(s) and boarding pass
- In case of baggage theft:
  - \* Copy of the report of the complaint filed with the responsible authorities