

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 SDRs (Special Drawing Rights) per ticketed passenger
Thank you for your cooperation,
Your American Airlines Central Baggage Team



PASSENGER PROPERTY QUESTIONNAIRE

File Reference Number: ____

AAdvantage: ___

Type of Claim: (check all that a	ipply)								
□Lost Luggage			☐Missing Co	ontents					
□Damaged Luggage and/or Cor		□Delay Exp	enses						
Mr. ☐ First Middle	Last Name		Phone Number						
Mrs. 🗆					None Purinces				
Ms. Degree on the Mailing Always on the Ma	Chrook	Λ4	Home:	iliaa Nivaabaa	Business: Number Street Apt.				
Permanent Mailing Number Address	Street	Apt.	Temporary Ma Address	iling Number	Stre	et Apt.			
City	State		City State						
Zip Code			Zip Code						
Country	Country	Country							
Postal Code		Postal Code							
Email Address:			Employed by:						
			Occupation:						
V 0									
Your Complete Flight Itinerary									
From	То	Airl	line Flight Num		er	Travel Date			
Have you, or any member of your ho				other airline in the la	ast 5 years?	Yes □ No □			
If yes, list each airline, claimant name									
Airline(s)			Name(s)						
Date(s)									
Information gathered on this form may be shared with other airlines, local, state and federal law enforcement agencies or private insurers.									
Number of ticketed passengers traveling in your party: Number of passengers claiming missing baggage:			Purpose of trip? Length of stay?						
Were you charged for excess and/or overweight baggage:	Yes □ No □		Did you declare and pay for excess value: Yes ☐ No ☐ 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 you	ur baggage?								
Has this loss been reported to another	er airline? Yes □ No	☐ If yes, ¡	olease provide r	name of airline and ci	ty where reporte	d.			

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:			Flight number(s) on claim check:			port checke		ort checked to:			
Baggage tag number(s):					Pa	Passenger ticket number(s):					
Number of bags checked: Number of bags received:							. ,	e □ Ticket Co	ounter □ Gate	e □ Other □	
						Baggage checked at: Curbside Ticket Counter Gate Other state what airport?					
	aggage available at (what city?					
	etails if the original ro										
Was yo	our property packed i	n a box?	Yes □ No	☐ Was your pr	roperty pa	acked with	an external cove	r? (example: go	olf bag) Yes □	No □	
Is the r	name on the bag(s) o	lifferent fro	m the passe	nger? If so, what na	ıme?						
Please	e list any initials, mark	ks, tags, rib	bons, cords,	tape or other exteri	ior markir	ngs on you	r bag(s):				
Bag Ty	/pe Material	Color(s) Bran	d Bag Dimensio		en/Close th Zipper	Wheels	Retractable Handle	Purchase Date	Cost of Bag	
	□Hard □Soft					Yes No	□Yes □No	□Yes □No			
			Gender =	M: Male F: Fema	ale CH	: Child I:	Infant (under 2 y	rrs)			
Qty	Article/Item	Size	Gender M,F,CH,I	Description	Color	Material	Brand Label	Store Purchased	Purchase Date	Original Cost	
1	Shoes	12	M	White with blue s	stripes	Leather	Nike	Sears	Jan-13	\$55.00	
4	T-Shirts	L	М	Undershirts	White	Cotton	Hanes	JCP	Jan-13	\$20.00	
				+						+	
				+							
	l tional space is neo tion and cost for e							TOTAL:	\$		
l do he	ereby warrant the	foregoin	g statemen	t and those on t	he acco	mpanyin	g forms to be		·=	-	
make a	a claim against Aı	merican A	Airlines, Inc	c., in the amount	t of \$		for a	loss occurri	ng on	·	
Claima	ant signature			Date		Claimant	signature*			Date	
	tures are required for	or each <u>pa</u>	ssenger cla				_	en under age	18.	- ~**	