

WARNING: WILLFUL OR RECKLESS EXAGGERATION OR INFLATION OF THE AMOUNT CLAIM WILL FORFEIT THE CLAIM AND MAY RESULT IN PROSECUTION.

LIST BAGGAGE PROPERTY CLAIMED

FULL DESCRIPTION OF PROPERTY LOST, DAMAGED OR DESTROYED (INCLUDING SERIAL NO, AND/OR IDENTIFYING MARKS).	HOW OLD WAS THE ITEM?	FROM WHOM PURCHASED OR ACQUIRED (NAME AND ADDRESS)	PRESENT COST OF REPLACEMENT	DEPRECIATION FOR AGE AND CONDITION	AMOUNT CLAIMED	FOR OFFICE USE ONLY
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OTHER EXPENSES OR MEDICAL EXPENSES CLAIMED (PLEASE ATTACH ACCOUNTS OR RECEIPTS)

ACCOUNT RECEIVED FROM	DATE ACCOUNT INCURRED	AMOUNT AND CURRENCY	AMOUNT IN LOCAL CURRENCY	PAID YES OR NO	FOR OFFICE USE ONLY
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DECLARATION

PLEASE READ THIS CAREFULLY BEFORE SIGNING

WHERE ANY DECLARATION IS ANSWER NO, FURTHER DETAILS WILL NEED TO BE PROVIDED BELOW IN THE BOX HEADED 'EXCEPTIONS TO THIS DECLARATION'.

I/WE DECLARE THAT:

- ALL STATEMENTS IN THIS CLAIM FORM AND ANY ADDITIONAL SCHEDULES ARE CORRECT. YES NO
- THE PROPERTY AND OR EXPENSES ARE CORRECTLY DESCRIBED IN THIS FORM AND WERE INCURRED, LOST, STOLEN OR DAMAGED UNDER THE CIRCUMSTANCES DESCRIBED. YES NO
- I/WE HAVE TOLD TOWER EVERYTHING RELEVANT TO THIS CLAIM. YES NO

I/WE UNDERSTAND THAT:

- WILLFUL OR RECKLESS EXAGGERATION OR INFLATION OF THE MAOUNT CLAIMED WILL FORFEIT THE CLAIM AND MAY RESULT IN PROSECUTION.
- THE PERSONAL INFORMATION PROVIDED IN THIS CLAIM FORM IS BEING COLLECTED BY TOWER TO ENABLE IT TO EVALUATION MY/OUR CLAIM.
- I/WE HAVE CERTAIN RIGHTS OF ACCESS TO AND CORRECTION OF THE PERSONAL INFORMATION PROVIDED BY ME/US ON THIS CLAIM FORM OR IN SUPPORT OF THIS CLAIM, BUT IF I/WE DO PROVIDE INCORRECT INFORMATION, TOWER MAY BE ENTITLED TO DECLINE THE CLAIM WHETHER OR NOT IT IS LATER CORRECTED,
- IF ANY OF THE PROPERTY IN THIS CLAIM FOR WHICH I/WE HAVE RECEIVED PAYMENT IS SUBSEQUENTLY RECOVERED I/WE WILL NOTIFY TOWER IMMEDIATELY AND RETURN THE PROPERTY TO TOWER OR WILL REFUND TO TOWER INSURANCE THE VALUE OF THE RECOVERED ITEMS.

I/WE AUTHORISE TOWER TO OBTAIN PERSONAL INFORMATION ABOUT ME/US FROM ANY OTHER PARTY AND TO RELEASE INFORMATION RELATING TO THIS CLAIM TO OTHER PARTIES.

EXCEPTIONS TO THIS DECLARATION:

INSURED SIGNATURE(S): DATE:

WITNESS: DATE: