Insurance
Travel
Roadside
Rewards

BAGGAGE LOSS, DAMAGE & DELAY CLAIM FORM

Policy No.: _____
Case No.: _____
Form No.: ORBAG052017E

HOW TO COMPLETE YOUR CLAIM FORM

SECTION A – CLAIMANT INFORMATION
If you contacted ACM to initiate your case, much of this section will be pre-populated. If necessary, please correct any inaccurate fields so that we may update our records.

SECTION B – CERTIFICATION & AUTHORIZATION
This section must be completed in order to release payment of your claim. Completion certifies that the information provided in connection with this claim is complete, true and accurate.

SECTION C – LOSS INFORMATION
In this section, please provide details pertaining to your loss.

SECTION D – OTHER INSURANCE
This section allows us to coordinate payments with any other insurance plans that you may have in addition to this plan. Complete Section D if you have other travel insurance such as a group policy through work or coverage through a credit card.

SECTION E – EXPENSE SHEET
In the event that your personal belongings are lost, damaged or stolen, please list each item individually along with the original cost or the cost to replace/repair the item.
In the event that your luggage is delayed, please only list the items which were purchased at destination while your luggage was delayed.

REQUIRED ATTACHMENTS
Please submit the following documentation to support your claim (please do not staple documents);

- ❑ Copy of report from the authorities as proof of loss, damage or delay
- ❑ For lost, damaged or stolen items: proof that you owned the articles, and receipts for their replacement
- ❑ For delayed luggage: receipts for the items purchased at destination while your luggage was delayed

SUBMITTING YOUR CLAIM
The completed & signed claim forms and applicable supporting documents can be sent to our office:

❑ **Online:** Visit: **https://claims.acmtravel.ca**
Create an account and upload your required documents.
Your information is automatically saved and can be reviewed at any time.

❑ **By Mail:** Send the completed & signed claim forms and supporting documents to our office:
Active Care Management
P.O. Box 308, Station A
Windsor, ON N9A 6K7

❑ **By Email:** Send copies of your claim form and required documents to:
OrionClaims@acmtravel.ca

❑ **By Fax:** **1-877-432-9226**

Please save all original receipts and supporting documentation. ACM reserves the right to request original documents when necessary to adjudicate your claim.

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Your travel insurance policy is underwritten by **Orion Travel Insurance Company** ("Orion"). Orion has appointed Active Claims Management, Inc., operating as Active Care Management ("Agent" or "ACM"), as the provider of all assistance and claims services under the policy.
IMPORTANT: The Authorization section must be completed in order to process your claim.
By signing this form you certify that the information provided in connection with this claim is complete, true and accurate.

SECTION A – CLAIMANT INFORMATION

Claimant Name	☐ Male ☐ Female	Date of Birth	MM	DD	YYYY
Home Address					

Email Address	Primary Phone Number	Secondary Phone Number

Travel Destination	Travel Dates:	MM	DD	YYYY	To:	MM	DD	YYYY

SECTION B – CERTIFICATION AND AUTHORIZATION

- The insurer, its agents and administrators are obliged to collect and retain certain personal information and/or health information about you in connection with your insurance coverage. They use and disclose that information only for the purposes of administering your policy/policies of insurance, providing customer service and assessing and paying claims.
- I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents received regarding this claim have concealed or misrepresented any fact or circumstances concerning this claim.
- I hereby consent to the use by AMA, the Insurer, its Agents and Administrators of the personal and health information about me disclosed herein and in all documents or information provided in connection with my policy of insurance for the purposes cited above. This consent is effective for one year from the date of the services provided and I may revoke this consent in writing at any time by advising AMA Travel Insurance.
- I Authorize Orion Travel Insurance Company, to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Orion Travel Insurance Company, to make any payments, receive payments and settle with other carriers on my behalf.
- Attention to Travel Service Providers: I hereby authorize and direct that you release to Orion Travel Insurance Company or its representative any and all information you have regarding my travels or use of your travel services for the purpose of determining my eligibility for coverage and or for benefits under my travel insurance policy.
- A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed one year from date signed.

If claimant is minor, print full name of parent or legal guardian, or if claimant is deceased, print full name of executor:

Signature	Date	MM	DD	YYYY

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SECTION C – LOSS INFORMATION

Type of Loss ☐ Lost ☐ Damage ☐ Theft ☐ Delayed Luggage

	MM	DD	YYYY
Date of Loss			
Date Loss Reported			

Describe how and where the loss occurred:

Who was the loss reported to?

☐ Airline ☐ Cruise Line ☐ Bus Line ☐ Tour Guide ☐ Hotel ☐ Police

☐ Other - please specify:

☐ Not reported - please explain:

SECTION D - OTHER INSURANCE COVERAGE

Do you have any group benefits available for medical coverage through your employer, your spouse's employer or a retirement plan?

*Name of Insurance Company	*Group Policy	*Member ID
Your Employer/Retirement Plan #	Spouses Employer/Retirement Plan #	Spouse's name Spouse's date of birth

Do you have benefits available through any other travel insurance company or travel supplier? Please provide:

*Name of Other Provider	*Address of Other Provider

Does this claim relate to a Motor Vehicle Accident? If so, provide the following information:

*Motor Vehicle Insurance Company	*Policy #	*Phone #

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As credit cards may maintain travel benefits, did you use a credit card for any of your travel arrangements (flights, hotels, cruises and cars)?

If a Credit Card was used, Provide the name of the issuing bank		First 6 digits & last 4 digits of credit card		
Name of Primary Insured / Name of Cardholder as it Appears on the Card	Date of Birth	MM	DD	YYYY
Signature of Primary Insured / Cardholder	Date	MM	DD	YYYY

If you have claimed with any other insurer, please provide your claim number and attach a copy of the settlement.

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SECTION E – EXPENSE SHEET

Please list all items lost, damaged or stolen. For a delayed luggage claim, please only list the items which were purchased at destination while your luggage was delayed.

Item Description	Date Purchased			Purchase Price	Currency
	MM	DD	YYYY		

If you have additional comments to support your claim, please note them below or submit additional pages.