



BMAS FILE LOCATOR _____

TRAVEL DATE: _____

STATEMENT OF DAMAGE OR MISSING PROPERTY

Your Name _____ (Last) _____ (First) _____		
Home Address (Number and Street, P.O. Box)	City, State, Zip Code	Home Phone (Include Area Code)
Mailing Address (Number and Street, P.O. Box)	City, State, Zip Code	Message Phone (Include Area Code)
Business Address	City, State, Zip Code	Business Phone (Include Area Code)
Employed by	Occupation	Email Address
Mileage Plan Number _____ MVP _____ GOLD _____		

YOUR COMPLETE ITINERARY

AIRLINE	FLIGHT NO.	DATE	FROM (CITY)	TO (CITY)

Was baggage checked? YES NO Where? (Ticket counter, etc.) _____

Airline ticket number: _____ Baggage claim check number: _____

When and where loss first reported: _____

Was loss reported to any other airline? YES NO If yes, which airline? _____

If loss was **NOT** reported immediately, explain reason for delay: _____

If routing was changed after trip began, please explain: _____

Was excess valuation purchased at time of check in? YES NO (If yes, include receipt copy)

FULL DESCRIPTION OF DAMAGED OR MISSING CONTENTS INFORMATION ON OTHER SIDE.

