



REQUEST FOR PASSENGER BAGGAGE CLAIM

DATE: _____

FILE REFERENCE: _____

BAGGAGE SERVICES (Declaration of Lost or Damaged Baggage) Form attached

BAGGAGE SERVICES (Follow Up and Outcomes) Form attached

Passenger Claiming: _____

Description of Lost / Damaged Baggage: _____

Amount Claim Approved: \$ _____

Approved by CS Supervisor: _____ (Name/Signature)

Approved by Manager: _____ (Name/Signature)

FORM OF PAYMENT OF COMPENSATION

EFTPOS

CHEQUE

For EFT (AU\$ only)

BSB: _____ Account Number: _____

Account Name: _____

For Cheque:

Refund to be made payable to: _____

Address for cheque delivery: _____

_____ Postcode _____

For Accounts Staff Use Only

CLAIM LODGED / COPY ON FILE (If claim is > \$250, insurance claim should be lodged)