



1210 Watergut  
Christiansted, St. Croix 00820  
Phone: (340) 773-6442  
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## Baggage Information and Passenger Property Form

Dear Valued Seaborne Airlines Customers:

Please accept our sincere apology. We understand your concern and realized the inconvenience this causes. Seaborne Airlines will make every effort to merit your future business by handling your report in an efficient and equitable manner.

### CUSTOMER INSTRUCTIONS

- ✓ Retain a copy of all documents submitted for your records
- ✓ Return original documents to the above address.
- ✓ If more space is needed, please attach an additional page.

### ITEMS NEEDED TO PROCESS CLAIM

- ✓ Copy of ticketless receipt
- ✓ Receipt for items with value of \$150.00 or higher
- ✓ Receipt if Excess Value was declared and purchased
- ✓ Signature of all affected customers
- ✓ Damaged property
- ✓ Notary seal is claim exceeds \$500 (required for U.S. residents)

### CLAIM RESOLUTION INFORMATION

Tracing of your property began as soon as you reported the incident to our agents.

Seaborne Airlines provide assistance with initial tracing and conduct secondary tracing as needed. Secondary tracing is based on the detailed content information we ask you to provide on this Property Form.

To assist us, please complete and return this form **within 7 days**. You will then be contacted regarding the status of your claim. Failure to provide an accurate list of property or to return this form in the time specified may hinder our success and could possibly render your claim void.

### LIABILITY LIMITATIONS

Total liability for provable direct damages resulting from the loss, delay or damage to baggage in the custody of Seaborne is limited an amount equal to the proven value of the property and shall not exceed USD \$250.00 per ticketed passenger. Seaborne Airlines is not responsible for any damages due to normal wear and tear.



# Seaborne Airlines

1210 Watergut St. Croix USVI ☐Tel: (340) 773-6442 ☐Fax (340) 719-2717

## Property Damage Claim

PNR # \_\_\_\_\_

It is very important that you retain a copy of all documents sent to us for your records. Seaborne Airlines will make every effort to handle your report in an efficient and equitable manner. Your cooperation and patience are greatly appreciated.

NAME: LAST FIRST M.I.			HOME PHONE:
			CELL PHONE:
			BUSINESS PHONE:
HOME ADDRESS:			DESCRIPTION OF DAMAGE – IF CONTENTS DAMAGED, SPECIFY
BUSINESS NAME AND ADDRESS:			
No. of bags checked:	No. of bags missing:	Where/when did you last see your baggage?	
Was your baggage moved to an earlier or later flight?			If yes, were you notified?
Did you attempt to claim immediately upon arrival?			At which Base did you file your report?

**COMPLETE ITINERARY - Please include all flight information**

From	To	Flight #	Date

**BAGGAGE DESCRIPTION AND CONTENTS – List contents separately if more than 1 bag**

Type of Bag	Color of Bag	Mfg. or Brand	Date Purchased	Original Cost

Content Description: If more than one customer, indicate ownership of items. Gender: M = Male, F = Female, CH = Child, INF = Infant (0-3years)

Article	How many	Label/Brand, Size, Color, Material	Gender	Where Purchased, Store Name	Date Purchased	Original Cost

<b>CLAIM DENIED</b> <input checked="" type="checkbox"/>	<b>ACTION TAKEN</b> <input checked="" type="checkbox"/>
<input type="checkbox"/> Repair <input type="checkbox"/> WILL HAVE PROPERTY REPAIRED/CLEANED BAGS LEFT AT _____ DATE _____ Passenger must return property to Seaborne within 30 days of this report <input type="checkbox"/> PASSENGER HAVE PROPERTY REPAIRED/CLEANED COST OF REPAIR/CLEANING NOT TO EXCEED \$ _____ SEND BILL TO SEABORNE AIRLINES	<input type="checkbox"/> Replace <input type="checkbox"/> PASSENGER WILL PARTICIPATE IN THE COST OF REPLACEMENT OF PROPERTY PASSENGER \$ _____ SEABORNE \$ _____ TOTAL \$ _____ REPLACEMENT NOT TO EXCEED \$ _____
	<input type="checkbox"/> Other Settlement <input type="checkbox"/> CHECK DRAFT NUMBER _____ AMOUNT \$ _____ <input type="checkbox"/> TRAVEL VOUCHERS SERIES # _____ TO _____ AMOUNT \$ _____ REFUND \$ _____

I do hereby warrant the foregoing statement and those on the accompanying form to accurate, complete, true, and I hereby make a claim against Seaborne Airlines in the amount of \$ \_\_\_\_\_ for a loss occurring on \_\_\_\_\_, 20\_\_.

Costumer Signature: \_\_\_\_\_

**MISSING OR DAMAGED BAGGAGE:** Preliminary notice of loss or damage must be submitted to Seaborne immediately after arrival of flight on which the loss or damage is alleged to have occurred. Failure to present such notice shall exempt Seaborne from any action or liability. Under no circumstances will Seaborne be liable for any special or consequential damages. Total liability for provable direct damages resulting from the loss, delay or damage to baggage in the custody of Seaborne is limited to an amount equal to the proven value of the property and shall not exceed USD \$250.00 per ticketed passenger. Seaborne Airlines is not responsible for any damages due to normal wear and tear.

AUTHORIZING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT PREPARING REPORT \_\_\_\_\_ DATE: \_\_\_\_\_