



## **Instructions for Filing a Claim**

If you feel that the damage or loss was due to the negligence of your airline, you should file a claim directly with them. If you feel VMD was responsible for your damage, loss, or injury, you must include proof of your loss as well as evidence of how it was caused.

### Claim Process

1. Please complete the CLAIM FOR DAMAGE, LOSS, INJURY OR DEATH form. Fill out the form completely and submit within 10 days of date of loss or damage.
2. Attach documentation regarding your specific loss/damage claim. When possible, this documentation should include:
  - a. Copy of receipts for original purchase
  - b. Receipts for repair and/or estimates for repair. (NOTE: A repair estimate MUST accompany all claims for damaged baggage)
  - c. Photographs of damaged or lost items.
3. A copy of the Notice of baggage inspection, if you received one.
4. Attach any additional information supporting your claim

*Note: Failure to provide the above will result in unnecessary delay and/or inability to investigate and process your claim.*

## **Limits of Liability**

VMD Corp is not responsible for:

- 1) Damage to baggage when contents exceed the manufacturer's intended design limits for volume and/or weight.
- 2) Damage to fragile items that are not packed in accordance with commercial shipping standards for such items.
- 3) Damage or loss of items that are defined as prohibited by the Transportation Security Administration (TSA) for carriage (carry on and/or checked baggage) aboard commercial aircraft.
- 4) Damage or loss of locks used to secure baggage
- 5) Damage to baggage unavoidably resulting from the need to open it for security inspection
- 6) Damage or loss caused by airline personnel, airline equipment, or agents or contractors thereof and VMD made no contributions to the loss.



## CLAIM FOR DAMAGE, LOSS, PERSONAL INJURY OR DEATH

Instructions for Claims

**INSTRUCTIONS:** *Fill in all boxes as completely as possible. If a section does not apply to you enter N/A. Please print or type all entries except signature.*

**Property Damaged**

**Property Lost**

**Injury**

**Death**

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_  **AM**  **PM**

|                                                                                                                                                                                     |                                                |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|
| 1. Full Name                                                                                                                                                                        |                                                |               |
| 2. Mailing Address (Number and Street):                                                                                                                                             |                                                |               |
| 2a. City                                                                                                                                                                            | 2b. State                                      | 2c. ZIP Code: |
| 2d. E-mail                                                                                                                                                                          |                                                |               |
| 3. Primary Telephone Number with Area Code                                                                                                                                          | 3a. Alternate Telephone Number with Area Code: |               |
| <b>4. Basis of Claim</b>                                                                                                                                                            |                                                |               |
| State in detail the known facts and circumstances regarding the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. |                                                |               |
| <b>5. Property</b>                                                                                                                                                                  |                                                |               |
| Description of Property Damaged and/or Lost (include brand names, model numbers, etc.):                                                                                             |                                                |               |
| 5a. Describe Nature and Extent of Damage Claimed:                                                                                                                                   |                                                |               |
| 5b. How Did Damage / Loss Occur (if known):                                                                                                                                         |                                                |               |
| <b>6. Personal Injury/ Wrongful Death</b>                                                                                                                                           |                                                |               |
| State the nature and extent of each injury or cause of death, which forms the basis of the claim. If other than the claimant, state the name of the injured person or decedent.     |                                                |               |



|                                                                                                                                                                                                   |                                                                          |                             |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------|
| 7. Witnesses                                                                                                                                                                                      |                                                                          |                             |                             |
| 1. Name:                                                                                                                                                                                          |                                                                          | Address/Phone:              |                             |
| 2. Name:                                                                                                                                                                                          |                                                                          | Address/Phone:              |                             |
| 3. Name:                                                                                                                                                                                          |                                                                          | Address/Phone:              |                             |
| 8. Have You Also Filed a Claim for this Incident with Your Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If "Yes", List Name and Address of Insurance Carrier): |                                                                          |                             |                             |
| 9. Airport where the Incident Occurred:                                                                                                                                                           |                                                                          | 10. Location of Occurrence: |                             |
| 11. Date of Incident:                                                                                                                                                                             | 12. Time of Incident:                                                    | 13. Airline:                | 14. Original Flight Number: |
| 15. Scheduled Departure Time:                                                                                                                                                                     | 16. Departure Gate                                                       |                             |                             |
| 17. Final Destination (Airport)                                                                                                                                                                   | 18a. Intermediate Airport                                                | 18b. Intermediate Airport   |                             |
| 19. Name or Badge No# of Security Officer Involved if Known:                                                                                                                                      | 20a. Name 1:                                                             | 20b. Name 2:                |                             |
| 21. Did you Notify Anyone at the Time of the Incident<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | 22. If Yes, List Name and Affiliation (airline, police, security, etc.): | 23.                         |                             |

**USE THE SPACE BELOW TO EXPAND ON ANY OF THE ABOVE BLOCKS AND/OR TO INCLUDE ANY OTHER INFORMATION YOU THINK MIGHT BE HELPFUL IN INVESTIGATING AND PROCESSING YOUR CLAIM (ATTACH ADDITIONAL PAGES IF NECESSARY).**

|                                   |                      |                     |            |
|-----------------------------------|----------------------|---------------------|------------|
|                                   |                      |                     |            |
| 24. Amount you are claiming (USD) |                      |                     |            |
| 24a. Property Damage/Loss         | 24b. Personal Injury | 24c. Wrongful Death | 24d. Total |
| 25. Signature*                    |                      |                     | 26. Date   |

**\*NOTICE: Knowingly presenting or making a false claim may subject the claimant to criminal prosecution**

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Please submit to the appropriate airport claims office – visit <https://www.vmdcorp.com/travel-tips/>