Dear American Airlines/US Airways Customer,

Please accept our sincere apology for the mishandling of your property. We understand your concern and realize the inconvenience this causes. Once the form has been returned to us, we will intensify our tracing efforts with the goal of locating and returning your property.

Complete all areas of this form and return it to us no later than 45 days from the date of travel. Failure to return this completed form to us within the timeframe may result in the denial of your claim.

If your claim involves more than one piece of baggage, please itemize each bag and its contents separately. Failure to include the requested information may affect the processing of your claim.

⊠ Check list:
☐Airline ticket receipts
□Baggage claim checks
□Receipt(s) for excess value claimed
□Receipt(s) for excess baggage charges paid
□Receipt(s) for all items valued over \$150.00
□Clear and legible government issued photo identification for each passenger making a claim
□Damage claims: retain all damaged bags and/or contents until your claim has been resolved
☐Retain a copy of all documents submitted to the airline for your personal records

Once you have completed the form, please return it to us by mail or fax:

American Airlines, Inc.

Central Baggage Service PO Box 619613 – MD 1322 Dallas/Ft. Worth, TX 75261-9613

Fax: 972-425-0714

Email: PPQ1600@aa.com

US Airways

Central Baggage 4000 E Sky Harbor Blvd. Phoenix, AZ 85034 Fax 480-693-2305

Email: Baggage.Resolution@usairways.com

Liability Limitations:

Liability for loss, delay, or damage to baggage will be limited as follows:

Domestic Travel (wholly within the United States) - \$3,400 per ticketed passenger.

Certain items are excluded from liability; see Contract of Carriage at AmericanAirlines.com or USAirways.com

International Travel (including domestic portions of international itineraries) are covered by the Montreal Convention – 1,131 SDRs (Special Drawing Rights) per ticketed passenger

Thank you for your cooperation,

Your American Airlines Central Baggage Team

PASSENGER PROPERTY QUESTIONNAIRE

AAdvantage or US D	Dividend Acc	count:		Record Locator or File Reference Number:					
Type of Claim: (che	ck all that a	pply)							
□Lost Luggage				☐Missing Cor	ntents				
□Damaged Luggage and/or Contents				□Delay Expe	nses				
Mr. ☐ First	Middle Last Name			Phone Number					
Mrs. □ Ms. □				Home:		Business:	Business:		
Permanent Mailing Address	Number	Street	Apt.	Temporary Maili Address	ing Number	Street	Apt.		
City Zip Code		State		City Zip Code		Sta	ate		
Country Postal Code				Country Postal Code					
Email Address:				Employed by: Occupation:					
Your Complete Fligh	t Itinerary			1					
From		То	Airline		Flight Number	Tr	Travel Date		
Have you, or any memle If yes, list each airline, of Airline(s)	claimant name	and dates (attach an	additional pag	ge if necessary)					
Date(s) Information gathered or	a this form ma	v he chared with other	airlines less!	atata and fadoral I	law enforcement agos	acian or private inco	uroro		
information gathered or	T triis ioriii iiia	y be shared with other	ammes, iocai	, state and lederari	aw emorcement ager	icles or private irist	urers.		
	Number of ticketed passengers raveling in your party: Number of passengers claiming missing baggage:			Purpose of trip? Length of stay?					
Were you charged for and/or overweight bag		Yes □ No □		Did you declare and pay for excess value: Yes ☐ No ☐ Value declared: \$					
Have you received you	r baggage and	are you missing conte	ents only: Ye	s □ No □ If	yes, how many bags	are missing conter	nts?		
Was airline notified of lo	oss immediate	ly? Yes □ No □	If yes, at wl	hat office?	Ву	telephone In	person		
If airline was not notified	d within 4 hou	rs, state the reason for	the delay:						
Where and when did yo	ou last see you	ır baggage?							
Has this loss been repo	orted to anothe	er airline? Yes 🔲 No	□ If yes	s, please provide na	ame of airline and city	where reported.			

Certification and Understanding

APPLICABLE IN USA ONLY. It is expressly understood and agreed by the claimant that the furnishing of this form and any assistance given by employees of American Airlines, Inc., are acts of courtesy and shall not constitute a waiver of any rights or an admission of liability by or on the part of American Airlines, Inc., its employees or agents. Any other information and/or documents relating to this statement which are required by American Airlines, Inc., will be furnished by claimant upon request and shall be considered part of this statement.

The United States Post Office has investigative jurisdiction under federal laws relating to sending false or fraudulent claims through the United States mail and any such claims received by American Airlines, Inc., are reported to the United States Postal Authorities. Loss of baggage in interstate shipment or of articles from such baggage come within the purview of federal statutes relating to thefts from interstate shipment and, are therefore, subject to investigation by the Federal Bureau of Investigation.



BAGGAGE AND CONTENT DESCRIPTION

NOTE: When more than one piece of baggage is lost, complete a separate baggage and content list for each missing bag.

Baggage routing:		Flight number	er(s) on claim check:	Airport check	ed from:	Airport o	Airport checked to:				
Baggage tag number(s):					Passenger tid	Passenger ticket number(s):					
Numbe	er of bags checked:		Number of b	ags received:	Baggage checked at: Curbside ☐ Ticket Counter ☐ Gate ☐ Other ☐						
Was ba	aggage rechecked ar	nd new ta	gs issued? Y	es □ No □ If ye	es, at what airpo	rt?					
Was ba	aggage available at (Customs?	Yes □ No	□ N/A □ If ye	es, at what city?						
Give d	etails if the original ro	outing was	s changed afte	er starting your trip:							
Was yo	our property packed i	in a box?	Yes □ No	☐ Was your prope	erty packed with	an external cover	r? (example: go	lf bag) Yes □	No 🗆		
Is the r	name on the bag(s) o	different fr	om the passer	nger? If so, what name	?						
Bag Ty		Color(d Bag Dimensions	Open/Close with Zipper Yes No	Wheels □Yes		Purchase Date	Cost of Bag		
	'		Gender =	M: Male F: Female	CH: Child I	: Infant (under 2 y	vrs)				
Qty	Article/Item	Size	Gender M,F,CH,I	Description Co			Store Purchased	Purchase Date	Original Cost		
1	Shoes	12	М	White with blue strip	es Leather	Nike	Sears	Jan-13	\$55.00		
4	T-Shirts	L	М	Undershirts W	hite Cotton	Hanes	JCP	Jan-13	\$20.00		
If additional space is needed, please attach a separate page. Be sure to include a complete description and cost for each item along with receipts for all items valued over \$150.00.							TOTAL:	\$			
	-	_	_	t and those on the c./US Airways, in th		-		-			
	int signature	or oach n	accondor olo	Date		signature*	on under age 4	10	Date		