

**Section A - Policyholder's Information (Please print)**

Last Name		First Name	Initials
Date of Birth ____/____/____ (M/D/Y)		<input type="radio"/> Female <input type="radio"/> Male	
Home Address (Number & Street)			
City	Province	Postal Code	
Phone Number		Alternate Phone Number	
Email		Preferred Method of Communication (check all that apply) <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Mail	

**Section B - Insured Person/Claimant Information (Please print)**

Last Name	First Name	Date of Birth ____/____/____ (M/D/Y)	Relationship to the Policyholder
Last Name	First Name	Date of Birth ____/____/____ (M/D/Y)	Relationship to the Policyholder
Last Name	First Name	Date of Birth ____/____/____ (M/D/Y)	Relationship to the Policyholder
Last Name	First Name	Date of Birth ____/____/____ (M/D/Y)	Relationship to the Policyholder

**Section C - Details of Loss**

Claiming for: <input type="radio"/> Delay <input type="radio"/> Lost <input type="radio"/> Theft <input type="radio"/> Damage	Loss reported to: <input type="radio"/> Airline <input type="radio"/> Cruise Line <input type="radio"/> Bus Line <input type="radio"/> Tour Guide <input type="radio"/> Police <input type="radio"/> Other — please specify: <input type="radio"/> Not reported — please explain:
Date of loss: ____/____/____ (M/D/Y)	City and country where loss occurred:

IF YOU ARE PROVIDING A REPORT OR PROOF OF YOUR LOSS, YOU MUST ALSO PROVIDE AN EXPLANATION LETTER

Airline that lost/delayed the baggage:		
Number of checked baggage:	Number of lost / delayed baggage:	
Date you received the baggage: ____/____/____ (M/D/Y)	Local Time Baggage Received: _____ <input type="radio"/> AM <input type="radio"/> PM	Number of hours delayed:

**Section D - Other Insurance Coverage**

This insurance pays eligible expenses in excess of those covered by any other insurance. If, at the time of loss, you have similar coverage with another provider (i.e. credit card, travel insurer, employment group plan, etc.), we will coordinate benefits in accordance with the CLHIA guidelines.

Do you and/or your spouse or child have other travel insurance benefits?    No    Yes   If yes, please complete the following sections that apply

<b>Homeowner / Tenant / Condominium Insurance</b>	Name of the Insurance company	Policy No.
<b>Credit Card Coverage</b>	Issuing Bank	Card No. (First 6 Last 4 digits)
<b>Other Coverage</b>	Name of the Insurance company	Policy No.

**If you have claimed with any other insurer, please provide your claim number and attach a copy of the settlement.**

**Section E - Declaration / Authorization / Signature**

- The Insurer, its Agents and Administrators are obliged to collect and retain certain personal information and/or health information about you in connection with your insurance coverage. They use and disclose that information only for the purposes of administering your policy/policies of insurance, providing customer service and assessing and paying claims.
- I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents received regarding this claim have concealed or misrepresented any fact or circumstances concerning this claim.
- I hereby consent to the use by the Orion, its Agents and Administrators of the personal and health information about me disclosed herein and in all documents or information provided in connection with my policy of insurance for the purposes cited above. This consent is effective for one year from the date of services provided and I may revoke this consent in writing at any time by advising Global Excel.
- I authorize Orion Travel Insurance Company and Global Excel, to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Orion Travel Insurance Company and Global Excel, to make any payments, receive payments and settle with other carriers on my behalf.
- Attention to Travel Service Providers: I hereby authorize and direct that you release to Orion Travel Insurance Company or its representative any and all information you have regarding my travels or use of your travel services for the purpose of determining my eligibility for coverage and or for benefits under my Orion Travel Insurance Policy.
- A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed one year from date signed.
- I authorize Global Excel Management (Global Excel) to deposit all personal claim payments directly to the account indicated on this form.

**Insured Name:** \_\_\_\_\_

**Insured Signature:**  \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (M/D/Y)

**Section F - Incurred Expenses List**

No.	Description of Items	Name of Retailer where purchased	Original Purchased Date (MM/DD/YY)	Original Purchased Price (including tax)	Currency	Quantity	Replacement Cost
1							
2							
3							
4							
5							
6							
<b>Total Amount Claimed</b>							

**Section G – Preferred Method of Reimbursement**

Note: If a method of reimbursement is not selected, eligible reimbursements under this policy will be issued by cheque.

**Assignment of Benefits**

If you wish to direct payment to a designated person other than the claimant, please provide their name, address and phone number below.

Payee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Direct deposit (CAD only).**

By providing your banking information, your claim payments will be deposited directly to your account and you will get an email notification when your claim is settled.

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Transit Number:

Institution number:

Account Number:

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**Cheque**