



CLAIM FOR PROPERTY LOST, DAMAGED OR INJURY

PRIOR TO SUBMITTING THIS FORM, PLEASE CALL CATSA IMMEDIATELY AT THE FOLLOWING NUMBER 1-888-294-2202 SO THAT CATSA MAY INITIATE AN INVESTIGATION OF THE INCIDENT. FAILURE TO DO SO MAY RESULT IN YOUR CLAIM BEING DENIED FOR LACK OF INFORMATION.

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheets if necessary. See reverse side and www.catsa.gc.ca for additional instructions. Complete ALL items. Insert the word "NONE" where applicable.

1. Complete and submit claim to the following address or to the specified fax number: Canadian Air Transport Security Authority ("CATSA") 99 Bank Street, 13th Floor Ottawa, Ontario K1P 6B9 Tel. 1 (888) 294-2202 (toll free) Fax. 1 (866) 892-1612 (toll free) Attention: Communications / Passenger Claims	2. Name, address of claimant and claimant's representative, if any. (See instructions on reverse if claimant representative).	
	Daytime Phone No.	Claimant's Date of Birth
	Email Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female

3. Nature of Claim (check box) <input type="checkbox"/> Property Loss, Damage or Theft <input type="checkbox"/> Personal or Bodily Injury	4. Airport, Airline, Flight Number, Destination	5. Date & Time of Incident (AM or PM)
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6. Description of Incident (Please state *in detail* the known facts and circumstances attending the damage or injury identifying persons and property involved, the place of occurrence and the cause thereof and specify screening officer name if available) (Use additional sheets if necessary.)

7. PROPERTY DAMAGED/LOST

NAME & ADDRESS OF OWNER, IF OTHER THAN CLAIMANT

DESCRIPTION OF THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE THE PROPERTY MAY BE INSPECTED (Supporting documents required -- see instructions on reverse side)

8. PERSONAL/BODILY INJURY

Name of Person Injured	Age (approximately)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Town/City	Daytime Phone Number () -
Occupation	Employed by	Evening Phone Number () -
Nature and Extent of Injury	Was medical treatment required?	Treatment <input type="checkbox"/> by doctor <input type="checkbox"/> at Hospital <input type="checkbox"/> None

9. WITNESSES (use additional sheets if necessary)

Name	Address & Telephone Number (if available)

10. AMOUNT OF CLAIM – IN CANADIAN DOLLARS (See instructions)

10a. PROPERTY DAMAGE, LOSS OR THEFT	10b. PERSONAL OR BODILY INJURY	10c. TOTAL

11. DECLARATION OF CLAIMANT (OR CLAIMANT'S PERSONAL REPRESENTATIVE)

BY SIGNING THIS FORM, I CERTIFY THAT ALL STATEMENTS MADE IN THIS CLAIM ARE TRUE.

12a SIGNATURE OF CLAIMANT	12b Phone number of signatory	13. DATE

CRIMINAL AND CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS. Any false statement, misrepresentation or concealment of any material fact relating to the incident may be grounds for criminal prosecution or civil action.
PRIVACY ACT. The submission of this form constitutes your consent to CATSA's collection, use and disclosure of information, including personal information, as required for all purposes associated with claim administration, including conducting investigations and communicating with you.



INSTRUCTIONS

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED TO AND RECEIVED BY CATSA AND ITS SCREENING CONTRACTOR ONLY WHEN A CLAIMANT OR ITS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE COMPLETES A VALID CATSA CLAIMS FORM OR OTHER WRITTEN NOTIFICATION AND IT IS ACTUALLY RECEIVED BY CATSA AT THE ADDRESS OR FAX NUMBER SPECIFIED ABOVE. A VALID CATSA CLAIMS FORM IS AN EXECUTED CATSA STANDARD FORM no. MF4-03-001 2004-11 WITH ALL REQUIRED INFORMATION OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT WITH SUCH INFORMATION, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY OR LOSS OR DAMAGE TO PROPERTY, PERSONAL INJURY ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO CATSA WITHIN **THIRTY (30) DAYS** AFTER THE INCIDENT OCCURS.

WHERE CLAIMANT REPRESENTATIVE COMPLETING FORM: This claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to CATSA is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evident of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

SUPPORTING DOCUMENTATION REQUIRED:

Please provide a copy of your boarding pass and any reports (police or otherwise) which you may have relating to the incident.

The amount claimed should be substantiated by competent evidence as follows:

(A) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit an itemized signed statement or repair estimate by a reliable, disinterested concern, or if payment has been made for the repair, then the itemized signed receipt evidencing payment for repair.

(B) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original costs of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(C) In support of the claim for personal injury, the claimant should submit a written report signed by the attending physician, specifying the nature and extent of the injury, the nature and extent of treatment, the degree of temporary or permanent disability, if any, the prognosis for recovery and the period of hospitalization, or incapacitation if applicable. The claim must attach itemized bills for medical or hospital expenses actually incurred and any other losses claimed.

Questions?

Any questions regarding this Claims Form should be addressed by calling 1 888-294-2202 and speaking to a representative in the Communications Division. Questions may also be sent by email via the "contact us" link on the CATSA website at www.catsa.gc.ca Please see CATSA's website for additional instructions for the Claims Form.

INSURANCE COVERAGE INFORMATION

15. Do you carry insurance for this damage, injury or loss? [] If yes, give name and address of insurance company. [] NO

16. Have you filed a claim on your insurance carrier in this instance? If so, it is full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

NONE OF THE EXISTENCE OF THIS FORM, ITS COMPLETION AND FILING WITH CATSA, ANY REVIEW AND/OR INVESTIGATION WHICH MAY BE MADE BY OR ON BEHALF OF CATSA IN RESPECT OF ANY CLAIM, OR ANY PAYMENT BY OR ON BEHALF OF CATSA TO A CLAIMANT ARISING OUT OF OR RELATED TO A CLAIM SHALL CONSTITUTE AN ADMISSION BY CATSA OF ANY LIABILITY OR RESPONSIBILITY FOR THE INCIDENT GIVING RISE TO THE CLAIM, ANY SUCH LIABILITY AND RESPONSIBILITY BEING HEREBY EXPRESSLY DENIED. THE PURPOSE OF THIS FORM IS TO FACILITATE CATSA'S REVIEW AND INVESTIGATION OF INCIDENTS ALLEGEDLY RESULTING IN LOSS OR DAMAGE TO PERSONAL PROPERTY DURING THE SCREENING PROCESS. AS PART OF ITS REVIEW AND INVESTIGATION OF THE CLAIM, CATSA MAY REQUIRE ADDITIONAL INFORMATION FROM THE CLAIMANT IN WHICH CASE CATSA WILL CONTACT THE CLAIMANT DIRECTLY.

(Ce formulaire est disponible en français)