



CLAIM FOR PROPERTY LOSS, DAMAGE OR INJURY

Prior to submitting this form, please call CATSA at the following number 1-888-294-2202 so that CATSA may initiate a review of the incident. Failure to notify CATSA in a timely manner may result in your claim being denied.

Protected A
when completed

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.

CLAIMANT OR CLAIMANT'S REPRESENTATIVE INFORMATION (SEE INSTRUCTIONS)

NAME (PASSENGER'S NAME IF DIFFERENT FROM CLAIMANT)		DATE OF BIRTH (YYYY-MM-DD)	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER	EXT.
MAILING ADDRESS			APT
CITY	COUNTRY	PROVINCE/STATE	POSTAL CODE/ZIP CODE

INCIDENT INFORMATION

DATE OF INCIDENT (YYYY-MM-DD)	TIME OF INCIDENT (0-24 HRS)	AIRPORT CODE	CHECKPOINT	TERMINAL
AIR CARRIER/FLIGHT NUMBER	DESTINATION	NATURE OF CLAIM		
DESCRIPTION OF INCIDENT		PROPERTY DAMAGE <input type="checkbox"/>	INJURY INJURY <input type="checkbox"/>	
(please state in detail the known facts and circumstances around the damage or injury, identifying involved persons and property, location and cause, and provide the name of the Screening Officer involved if available; use additional sheets if necessary).		LOSS <input type="checkbox"/>		
		THEFT <input type="checkbox"/>		

INJURY

NAME OF INJURED PERSON		DATE OF BIRTH (YYYY-MM-DD)	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER	EXT.
EVENING TELEPHONE NUMBER	MAILING ADDRESS	APT	
CITY	COUNTRY	PROVINCE/STATE	POSTAL CODE/ZIP CODE
NATURE AND EXTENT OF INJURY		MEDICAL TREATMENT: <input type="checkbox"/> Report from physician attached (if applicable)	

WITNESS INFORMATION

WITNESS NAME Use additional sheets if necessary		DAYTIME TELEPHONE NUMBER	EXT.
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	E-MAIL ADDRESS	EVENING TELEPHONE NUMBER.	
MAILING ADDRESS			APT
CITY	COUNTRY	PROVINCE/STATE	POSTAL CODE/ZIP CODE

AMOUNT OF CLAIM - IN CANADIAN DOLLARS (SEE INSTRUCTIONS)

PROPERTY DAMAGE, LOSS OR THEFT	PERSONAL OR BODILY INJURY	TOTAL
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INSURANCE COVERAGE INFORMATION: Do you carry insurance for this damage, injury or loss? YES NO

If yes, provide name and address of insurance company.

NAME OF INSURANCE		MAILING ADDRESS	
CITY	COUNTRY	PROVINCE/STATE	POSTAL CODE/ZIP CODE

Have you filed a claim with your insurer in this instance? YES NO

If yes, is it FULL COVERAGE OR DEDUCTIBLE AMOUNT OF DEDUCTIBLE: _____

If a claim has been filed with your air carrier, what action has your insurer taken or proposed to take with reference to your claim (it is necessary that you ascertain these facts).





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DECLARATION OF CLAIMANT (OR CLAIMANT'S PERSONAL REPRESENTATIVE)

By signing this form, I certify that all statements made in this claim are true.

SIGNATURE OF CLAIMANT OR CLAIMANT REPRESENTATIVE

____-____-____
DATE OF (YYYY-MM-DD)

TELEPHONE NUMBER OF SIGNATORY

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 reviews and communicating with you.

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, 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. 0F3-01-04 014E 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 received by CATSA within thirty (30) days after the incident occurs.

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 evidence 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.

Submit claim to the following address or to the specified fax number:

Canadian Air Transport Security Authority
99 Bank Street, 13th floor
Ottawa, Ontario K1P 6B9
Tel.: 1 (888) 294-2202 (Toll free)
Fax: 1 (866) 892-1612 (toll free)
Attention: Claims Management

The amount claimed should be substantiated by 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 party, 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 claim form should be addressed by calling **1-888-294-2202**.

Questions may also be sent by e-mail at **catsa.claims@catsa.gc.ca**.

Please see CATSA's website at **www.catsa.gc.ca** for additional instructions for the claims form.

None of the existence of this form, its completion and filing with CATSA, any review and/or review 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 of incidents allegedly resulting in loss or damage to personal property or injury during the screening process. As part of its review of the claim, CATSA may require additional information from the claimant in which case CATSA will contact the claimant directly.