



# CLAIM FOR PROPERTY LOST OR DAMAGE, OR INJURY

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when completed

Prior to submitting this form, please call **1-888-294-2202** so that CATSA may initiate a review of the incident. Failure to notify CATSA within 30 days of the incident may result in your claim being denied.

**Instructions:**

Please read the instructions on the reverse side carefully and supply the information requested on both sides of the form. Insert the word "NONE" where applicable. Use additional sheets if necessary.

### 1 - Claimant or claimant's representative information (see instructions)

Name  Dr.  Mr.  Mrs.  Miss  Ms.

E-mail address  Daytime telephone number  Ext.

Mailing address  Apt.

City  Province/State  Country  Postal code/Zip code

### 2 - Incident information

Date of incident (YYYY-MM-DD)  Time of incident (0-24 hrs)  Airport name

Air carrier  Flight Number  Terminal

Destination  Nature of claim  Damage  Loss  Injury  Amount of claim

**Description of incident:** Please state in detail the known facts and circumstances around the damage or injury, identifying involved persons and property, location and cause. Use additional sheets if necessary.

### 3 - Injury Information

Name of injured person  Male  Female  X Date of birth (YYYY-MM-DD)

E-mail address  Daytime telephone number  Ext.

Mailing address  Apt.

City  Province/State  Country  Postal code/Zip code

Nature and extent of injury  Medical treatment  Attach medical report (if applicable) Amount of claim (in CDN \$)

### 4 - Witness Information (if applicable)

Witness name  Male  Female  X

E-mail address  Daytime telephone number  Ext.

Mailing address  Apt.

City  Province/State  Country  Postal code/Zip code





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## 5 - Insurance coverage information: Do you have insurance for this damage, injury or loss? yes no

If yes, name of insurance company

Mailing address

Suite

City

Province/State

Country

Postal code/Zip code

Have you filed a claim with your insurer?  no  yes If yes, then is it a  full coverage claim or a  deductible? Amount (in CDN \$)

## 6 - Declaration of claimant (or claimant's personal representative)

By signing this form, I consent to the collection, use and disclosure of information, including my personal information, as required for all purposes associated with claim administration, including conducting reviews and communicating with me. I also certify that all statements made in this claim are true.

Signature of claimant or claimant representative

Date (YYYY-MM-DD)

Telephone number of representative (if applicable)

**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.** CATSA collects, uses and discloses your personal information in accordance with the *Privacy Act*.

A claim shall be deemed to have been presented to and received by CATSA and its screening contractor only when a claimant (or a duly authorized agent or legal representative) completes a valid CATSA claims form, and it is received by CATSA either electronically or at the address specified in this document. 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 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.

### Claim submission options:

- 1) E-mail: [catsa.claims@catsa.gc.ca](mailto:catsa.claims@catsa.gc.ca)
- 2) Fax: 1(866) 892-1612 (toll-free)
- 3) Mail: Canadian Air Transport Security Authority  
99 Bank Street, 13th floor  
Ottawa, Ontario K1P 6B9  
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 reasonably 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 that is not reasonably 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 (toll-free).

Questions may also be sent by e-mail to [catsa.claims@catsa.gc.ca](mailto:catsa.claims@catsa.gc.ca).

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.