



## Customer Property Claim Form

Dear Valued Spirit Airlines Customer:

Please accept our sincere apology for the inconvenience caused as a result of your mishandled item/baggage. Spirit Airlines will make every effort to earn your future business by handling your claim in an efficient and fair manner.

To initiate the claim process, please complete all areas of this form and return to us **no later than 30 days from the date of arrival**. Failure to return this form within this timeframe may result in the denial of your claim.

**NOTE:** For items/baggage which has been delayed for less than 5 days from the date of arrival, please contact the airport where the initial report was made and file a claim for interim/loss expenses thereafter.

If your claim involves more than one (1) item/bag, please itemize each bag and its contents separately. Failure to include the requested information may affect the processing of your claim.

### INSTRUCTIONS

- Complete the below Customer Property Claim Form in its entirety.
- Itemize each item on its own line and provide identifying information with cost. If additional space is needed, please attach another Description of Property Form (page 3). Personally created spreadsheets will not be accepted.
- Submit verifiable itemized receipts of payment for all items with a value of \$50 or higher.  
**NOTE:** Spirit reserves the right to request that any of these forms of proof to be mailed.
- For interim expenses, submit verifiable itemized receipts of payment for **ALL** items.  
**NOTE:** Spirit reserves the right to request that any of these forms of proof to be mailed.
- Copy of your legible valid government issued photo ID for each customer making a claim (excluding minors).
- Copy of the report made at the airport (Baggage Irregularity Receipt or Luggage Service Report)
- Each page must be signed.

Once you have completed the form, please visit [www.spirit.com/help](http://www.spirit.com/help) to complete the required fields and attach the completed Customer Property Form and all supporting documents listed above.

**If online submission of this form is unavailable, please mail the completed form and supporting documents to:**

Spirit Airlines  
ATTENTION: Luggage Resolution Department  
2800 Executive Way  
Miramar, FL 33025

### LIABILITY LIMITATIONS

Please see our Contract of Carriage for detailed information on our Limitations of Liability. Our Contract of Carriage can be accessed at this link: [www.spirit.com/COC](http://www.spirit.com/COC) or through a Spirit representative at your arrival location.

Thank you for your patience and cooperation,  
Your Spirit Airlines Luggage Resolution Team



I hereby certify that the foregoing statement and the information provided herein as well as the information contained on the accompanying forms or documents are accurate, complete, and true. I understand that providing any information that is, or could reasonably be construed as false and/or misleading, will result in the denial of my claim in its entirety and may be reported to law enforcement.

Customer Signature \_\_\_\_\_

CUSTOMER PROPERTY CLAIM FORM			
<b>TYPE OF CLAIM (Check all that apply):</b>			
<input type="checkbox"/> Missing Baggage	<input type="checkbox"/> Missing Contents	<input type="checkbox"/> Damage	<input type="checkbox"/> Interim Expenses
<b>PASSENGER INFORMATION</b>			
First Name:		Middle Initial:	Last Name:
Street Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Email Address:	
Occupation:	Employer:		
Business Address:			
City:		State:	Zip:
Business Phone:			
<b>FLIGHT AND BAGGAGE INFORMATION</b>			
Confirmation Code:		Number of Passengers:	
Report Number (from Baggage Irregularity Receipt):		Claim Check Numbers:	
Where did you check your bag/item?		<input type="checkbox"/> Ticket Counter	<input type="checkbox"/> Gate <input type="checkbox"/> Other (describe)
Number of Checked Bags:	Number of Bags Received:	Number of Bags Missing:	
Where was bag(s) last seen?	Did bag pass through customs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City listed on baggage tag:	Baggage was checked on Airline/Flight No.:		
Was bag seen at final destination by airline employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you charged for overweight and/or oversized baggage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was baggage rerouted or rechecked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, city/airline that rerouted:	
Purpose of trip:	Length of stay:		
<b>GENERAL INFORMATION</b>			
Have you or members of your household ever filed a previous baggage claim(s) with Spirit Airlines?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date(s) filed:			
If yes, what was your claim(s) for? (Check all that apply)		<input type="checkbox"/> Missing baggage	<input type="checkbox"/> Missing content <input type="checkbox"/> Damage
Have you or members of your household filed a claim(s) with any other airline in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which airline and date of claim(s)?			
Was Spirit notified of loss or damage immediately?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what city's baggage office?			Date: _____ Time: _____
If Spirit was not notified, state reason:			
Do you have private insurance or credit card coverage for this loss?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what company and address?			
Has the loss or damage been reported to any other airline?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to what airline?			
Was the loss reported to the police?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, with what police department?		Report number:	
Provide details if original passenger routing was changed after beginning trip:			



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Customer Signature \_\_\_\_\_

DESCRIPTION OF BAGGAGE						
Type of Item	Brand Name	Color	Exterior Identification		Purchase Date (Mo/Yr)	Purchase Price
Descriptive Elements	<input type="checkbox"/> Retractable Handle	<input type="checkbox"/> Lock	<input type="checkbox"/> Wheels	<input type="checkbox"/> Pockets	<input type="checkbox"/> Straps	<input type="checkbox"/> Zippers

**DESCRIPTION OF PROPERTY**

For delayed, damaged, pilferage, or loss claims. (All items should be listed separately.)

Article / Item	Male, Female, Child	Description	Color	Material	Brand	Size	Store Purchased	Purchase Date	Original Price	Receipt Attached?	
(EXAMPLE) Shoes	M	Grey with Blue Stripes		Canvas	Nike	10	Foot Locker	10/15/04	\$64.00	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1										<input type="checkbox"/> Yes	<input type="checkbox"/> No
2										<input type="checkbox"/> Yes	<input type="checkbox"/> No
3										<input type="checkbox"/> Yes	<input type="checkbox"/> No
4										<input type="checkbox"/> Yes	<input type="checkbox"/> No
5										<input type="checkbox"/> Yes	<input type="checkbox"/> No
6										<input type="checkbox"/> Yes	<input type="checkbox"/> No
7										<input type="checkbox"/> Yes	<input type="checkbox"/> No
8										<input type="checkbox"/> Yes	<input type="checkbox"/> No
9										<input type="checkbox"/> Yes	<input type="checkbox"/> No
10										<input type="checkbox"/> Yes	<input type="checkbox"/> No
11										<input type="checkbox"/> Yes	<input type="checkbox"/> No
12										<input type="checkbox"/> Yes	<input type="checkbox"/> No
13										<input type="checkbox"/> Yes	<input type="checkbox"/> No
14										<input type="checkbox"/> Yes	<input type="checkbox"/> No
15										<input type="checkbox"/> Yes	<input type="checkbox"/> No
16										<input type="checkbox"/> Yes	<input type="checkbox"/> No
17										<input type="checkbox"/> Yes	<input type="checkbox"/> No
18										<input type="checkbox"/> Yes	<input type="checkbox"/> No
19										<input type="checkbox"/> Yes	<input type="checkbox"/> No
20										<input type="checkbox"/> Yes	<input type="checkbox"/> No



I hereby certify that the foregoing statement and the information provided herein as well as the information contained on the accompanying forms or documents are accurate, complete, and true. I understand that providing any information that is, or could reasonably be construed as false and/or misleading, will result in the denial of my claim in its entirety and may be reported to law enforcement.

Customer Signature \_\_\_\_\_

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22										<input type="checkbox"/> Yes	<input type="checkbox"/> No
23										<input type="checkbox"/> Yes	<input type="checkbox"/> No
24										<input type="checkbox"/> Yes	<input type="checkbox"/> No
25										<input type="checkbox"/> Yes	<input type="checkbox"/> No
26										<input type="checkbox"/> Yes	<input type="checkbox"/> No
27										<input type="checkbox"/> Yes	<input type="checkbox"/> No
28										<input type="checkbox"/> Yes	<input type="checkbox"/> No
29										<input type="checkbox"/> Yes	<input type="checkbox"/> No
30										<input type="checkbox"/> Yes	<input type="checkbox"/> No
31										<input type="checkbox"/> Yes	<input type="checkbox"/> No
32										<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If additional space is needed, please print and attach another Description of Property Form (page 3).

**NOTICE TO CLAIMANT**

The Claimant expressly understands and agrees that the furnishing of this form and any assistance by agents or employees of Spirit Airlines are only acts of courtesy and are not to be construed as waiver of any rights or admission of any liability by or on behalf of Spirit Airlines, its employees or agents. This will also serve as written authorization for Spirit to inspect all related customs documentation. Upon request, the Claimant must furnish any other information and/or documents relating to this claim which are required by Spirit Airlines. All claims are subject to proof of value and of loss and must be filed in writing. The Claimant hereby warrants that he/she is the absolute owner, or has lawful right to possession of the property which is the subject matter of this claim. The Claimant further agrees to indemnify and hold harmless Spirit Airlines, its agents and employees, from and against any and all claims, actions or suits instituted by any other person with respect to said property. Spirit Airlines investigates claims having validity or item variances and we also coordinate with law enforcement in the investigation of claims of questionable validity or containing drugs, firearms, large amounts of jewelry or other expensive items. Spirit Airlines avails itself of any and all investigative measures, including but not limited to criminal record checks, credit search, etc., in order to validate claim information.

I hereby certify that the foregoing statement and the information provided herein as well as the information contained on the accompanying forms or documents are accurate, complete, and true. I understand that by providing any information that is, or could be reasonably construed as false and/or misleading, will result in the denial of my claim in its entirety.

I do hereby warrant that the foregoing information supplied by me is true, complete and correct, and that I have read and understand the notices set forth above. I hereby make a claim against Spirit Airlines.

In the amount of \$\_\_\_\_\_ for an incident occurring on\_\_\_\_\_, 20\_\_\_\_. Claimant's Signature:\_\_\_\_\_ Date: \_\_\_\_\_