



Claim Form

General Information

| Contact Information | |
|---|---|
| Name of insured: _____ | Social Security Number ____ -- ____ -- _____ |
| Date of birth: _____ | Home telephone: (____) _____ -- _____ |
| Place of birth: _____ | Work telephone: (____) _____ -- _____ |
| | E-mail address: _____@_____ |
| <i>Home Address</i> | <i>Mailing Address, if different from Home Address</i> |
| Street: _____ | Street: _____ |
| City: _____ State: _____ Zip Code: _____ | City: _____ State: _____ Zip Code: _____ |
| Preferred method of contact: Mail <input type="checkbox"/> E-mail <input type="checkbox"/> | Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> |

| Plan Information | Trip Information |
|---------------------------------|--|
| Confirmation/Policy ID #: _____ | Departure date: _____ |
| <u>or</u> Product ID #: _____ | Return date: _____ |
| <u>or</u> Group #: _____ | Original destination: _____ |
| <u>or</u> Company ID #: _____ | Travel agency name: _____ |
| <u>or</u> Membership #: _____ | Date of initial trip deposit/payment: ____ / ____ / ____ |
| | Agent's name: _____ |
| | Agent's phone number: (____) _____ -- _____ |
| | Agent's e-mail address: _____@_____ |

| Traveling Companions (please indicate name and relationship to you) | |
|---|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

| Claim Information | |
|--|---|
| Reason for filing this claim (short description) _____ | Date incident occurred: ____ / ____ / _____ |
| _____ | Do you have other insurance that may cover this event? |
| _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | If Yes, then please provide the name of the insurance company _____ |

E-mail to: claimsinqury@accessamerica.com
Mail to: ACCESS AMERICA, P.O. BOX 72031, RICHMOND, VA 23255-2031
Call: 800-334-7525 Fax to: 804-673-1469
We are available 24 hours a day.

Insurance underwritten by BCS Insurance Company or Jefferson Insurance Company
Please refer to your policy or letter of confirmation to determine your underwriter
Plan administered by World Access Service Corp., a company of Mondial Assistance



Collision / Loss Damage Insurance

| Rental Details: <i>(please attach a copy of your rental agreement)</i> | | |
|---|-----------------------------|------------------------------|
| Rental Period: ____ / ____ / ____ through ____ / ____ / ____ | | |
| Rental Car Make: _____ | Rental Car Model: _____ | |
| Were you traveling on business? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Employer Name: _____ | | Phone #: (____) ____ - _____ |
| Address: _____ | | |
| City: _____ | | State: _____ Zip Code: _____ |

| Car Rental Company Information: | |
|--|--|
| Company Name: _____ | Phone #: (____) ____ - _____ |
| Address: _____ | City: _____ State: _____ Zip Code: _____ |

| Incident Details <i>(please attach copies of incident and/or police reports, if applicable)</i> | | |
|---|--|------------------------------|
| Where did the incident occur? | City: _____ State: _____ Zip Code: _____ | |
| Who was driving the rental car at the time of the incident? _____ | | |
| Briefly describe the incident that resulted in the damage or loss <i>(attach additional pages, if needed)</i> : | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Do you believe a third party was responsible? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Name of third party: _____ | | Phone #: (____) ____ - _____ |
| Address: _____ | | |
| City: _____ | | State: _____ Zip Code: _____ |

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Insurance Details (please attach copies of all applicable proofs of insurance)

Name of driver's insurance company: _____ Policy#: _____
Address: _____ Phone #: (____) ____ - ____
City : _____ State: _____ Zip Code: _____

Name of employer's insurance company, if applicable: _____ Policy #: _____
Address: _____ Phone #: (____) ____ - ____
City : _____ State: _____ Zip Code: _____

Total Claim: \$ _____ Deductible: \$ _____ Amount paid by other insurance: \$ _____

Make covered claim payment to: Insured Rental Company

**PLEASE READ AND SIGN THIS FORM.
FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR CLAIM.**

FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

ALASKA FRAUD WARNING: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

CALIFORNIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AUTHORIZATION

I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by World Access Service Corp., claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.

By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ Date Signed: ____/____/____
Print Name: _____

The status of your claim can be easily viewed at www.eclaimline.com/travel by clicking on the "Check Claim Status" link.

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