

Collision / Loss Damage Insurance

Rental Details: *(please attach a copy of your rental agreement)*

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 *(please attach copies of incident and/or police reports, if applicable)*

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: _____	

E-mail to: claimsinquiry@allianzassistance.com

Mail to: Allianz Global Assistance, P.O. Box 72031, RICHMOND, VA 23255-2031
Call: 1-800-334-7525 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 AGA Service Company

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: <input type="checkbox"/> Insured <input type="checkbox"/> 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 AGA Service Company 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.

By signing this form, I/we assign to the insurer all of my/our rights, title and interest in and to any sums owed to me/us by any entity, including any applicable bonds that may apply, for which I/we receive compensation from the insurer based on this claim. I/we agree to cooperate with the insurer and AGA Service Company, including providing or executing any necessary documentation, to assist the insurer and AGA Service Company in their efforts to collect any such sums.

Signature: _____

Date Signed: ____/____/____

Print Name: _____

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

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