

Rental Vehicle Physical Damage Claim Form

SUBMIT CLAIM TO:
POTTRUFF & SMITH
TRAVEL INSURANCE BROKERS INC.
8001 Weston Road, Suite 300, Woodbridge, Ontario L4L 9C8

UNDERWRITTEN BY:
Reliable Life Insurance Company and Old Republic Insurance
Company of Canada, Hamilton, Ontario
ADMINISTERED BY: Pottruff & Smith Travel Insurance Brokers Inc.

PLEASE PROVIDE ALL INFORMATION REQUESTED AND ATTACH:

1. A copy of the Rental Car Agreement
2. A copy of Your Travel Itinerary showing confirmation of Rental Car booking
3. An Itemized Estimate of Repairs (if available)
4. Copy of Police Report (if necessary)

Please complete sections 1-4. Enclose all requested Documentation, sign, and return.
Policy No.

Section 1 – Policyholder

Policyholder's Name				Home & Mailing Address											
City			Province/State		Postal Code/Zip Code										
Driver's Name Same, or				Home & Mailing Address											
City			Province/State		Postal Code/Zip Code										
Policyholder's Phone Number		Home		Bus.		Driver's Phone Number		Home		Bus.					
Dates of Rental:		From:		To:		If You paid for the Rental Car with a credit card, please provide Credit card number and specify type of card (ie, Visa Gold)				Financial Institution (issuing authority of credit card)					
D		M		Y		D		M		Y					
Car Rental Agency		Address			City			Province/State		Postal Code/Zip Code		Phone Number			
Car Year		Make		Model			Use of Rental Car Business <input type="radio"/> Pleasure <input type="radio"/>								
Rental Car Damage - Describe Briefly															
Policyholder's Automotive Insurer				Broker Name				Policy Number							

Section 2 – Driver of other vehicle involved in the accident (if applicable)

Driver's Name				Home & Mailing Address							
City			Province/State		Postal Code/Zip Code						
Owner's Name				Home & Mailing Address							
City			Province/State		Postal Code/Zip Code						
Driver's Phone Number		Home		Bus.		Owner's Phone Number		Home		Bus.	
Car Year		Make		License No.		Other Party Insurer		Policy No.		Claim No.	
Total amount claimed by car rental Agency of Insured				Benefits payable to: Insured <input type="radio"/> Rental Agency <input type="radio"/>							
Did the rental agency bill your credit card for the loss of damages filed on this report?				Has claim been filed with any other company?				If yes, please provide contact details for company, claim or reference number			
Yes <input type="radio"/> No <input type="radio"/>				Yes <input type="radio"/> No <input type="radio"/>				▶			
Has the claim been settled?											
No <input type="radio"/> Yes <input type="radio"/> ▶ If Yes, Outcome of claim Denied Claim <input type="radio"/> Amount of Claim Settlement \$											

PSPS418E02

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section 3 – Accident

Date of Loss	Time of Loss	Location of Loss	City	Province/State
City			Province/State	Postal Code/Zip Code
Description of Loss (Additional space is provided below)				
Who was at fault <input type="radio"/> Policyholder <input type="radio"/> Other Party <input type="radio"/> Both		Summons Issued <input type="radio"/> Policyholder <input type="radio"/> Other Party <input type="radio"/> Both		
Police called <input type="radio"/> Yes <input type="radio"/> No	Investigating Officer	Badge No.	Occurrence No.	

Rental Vehicle Physical Damages – Claim Report

ACCIDENT	DIAGRAM	↑ N	Name	
			Address	
			Phone Number Home	Business
			Name	
WITNESS			Address	
Was the Car Rental Agency advised of the accident or damage, and did they approve the repairs? No <input type="radio"/> Yes <input type="radio"/> ▶ If yes, give date of approval and name of person authorizing repairs.				
Description of Loss (continued)				

Section 4 AUTHORIZATION AND RELEASE – PLEASE READ AND SIGN

The claim information stated above is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THIS CLAIM FORM MUST BE COMPLETE AND THAT ALL REQUIRED INSURANCE, POLICE AND CLAIMS REPORTS MUST BE FILED AND SUBMITTED BEFORE ANY CLAIM CAN BE PROCESSED AND PAID. I authorize the Insurer and any of its representatives to release all information necessary to facilitate payment of my claim and I further authorize any other insurance plan, under which I have coverage to disclose information as may be necessary or to make payment in respect of my claim for Reliable Life Insurance Company directly. In addition, where coverage is applicable, I hereby authorize Pottruff & Smith Travel Insurance Brokers Inc. to settle the claim directly with the Car Rental (Agency) Company on my behalf.

Claimant's Signature	Date: D M Y
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PLEASE COMPLETE BOTH SIDES OF THIS FORM