

**Claims Administration Office for Transamerica Casualty Insurance
Travelers Claims**

4600 Witmer Industrial Estates, Suite 6
Niagara Falls, NY 14305
Telephone: 1-888-526-0260 Fax: 1-877-367-2496

<p>RENTAL CAR DAMAGE CLAIM FORM</p>
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PROOF OF CLAIM MUST BE SUBMITTED WITHIN 90 DAYS OF THE OCCURRENCE


PLEASE COMPLETE ALL APPLICABLE AREAS AND ATTACH:

- A copy of the Rental Car Agreement
- Your travel insurance policy number
- A copy of the Police Report, Damage Report
- An itemized estimate of repairs

Part I			GENERAL INFORMATION		
Claimant's Name <i>(Last, First)</i>	Confirmation/Reservation Number	Date of Birth			
Claimant's Full Address					
Claimant's Home Phone No.			Claimant's Business Phone No.		
Driver's Name <i>(Last, First)</i>		Driver's Home Phone No.		Driver's Business Phone No.	
Driver's Full Address					
Rental Agency's Name					
Rental Agency's Full Address					
Dates of Rental From:		To:		Make of Vehicle	
<i>(MM / DD / YY)</i>		<i>(MM / DD / YY)</i>		Year of Vehicle	
Model of Vehicle			Use of Vehicle		Cost of Rental <i>(IN US \$)</i>
			<input type="checkbox"/> Business <input type="checkbox"/> Pleasure		
Claimant's Automobile Carrier			Travel Agent's Name		Telephone No.

Part II				EXPLANATION OF LOSS			
Describe the nature of your Claim							
Total Amount Claimed in US \$		Benefits are Payable to		Was the vehicle rented through the same		Did you decline the Collision Damage	
		<input type="checkbox"/> Insured		Travel Supplier with whom you booked		Waiver offered by the Rental Company?	
		<input type="checkbox"/> Rental Agency		your Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT – CLAIM CANNOT BE PROCESSED IF THIS FORM IS INCOMPLETE. PLEASE COMPLETE ALL APPLICABLE AREAS.

Part III ACCIDENT INFORMATION			
Date of loss (MM / DD / YY)	Time of loss	Location of loss	
Who was at fault? <input type="checkbox"/> Claimant <input type="checkbox"/> Other Party <input type="checkbox"/> Both		Was a Summons issued? <input type="checkbox"/> Claimant <input type="checkbox"/> Other Party <input type="checkbox"/> Both	Were the Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Investigating Officer's Name		Badge No.	Occurrence No.
Other Party's Name			Other Party's Contact No.
Other Party's full address			Occurrence No.
Other Party's license number	Other Party's Insurer	Other Party's policy number	Other Party's claim number
Witness No. 1 Name	Contact No.	Diagram 	
Address			
Witness No. 2 Name	Contact No.		
Address			
Describe fully the circumstances of the accident/damage			

Part IV OTHER COVERAGE			
Did you rent your vehicle using a Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name and type of Credit Card (e.g. Visa Gold card)	Do you have any other Insurance Coverage? (e.g. automobile, credit card, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the following:	
Name(s) of Insurance Company		Policy No.	Telephone No.
Address of Insurance Company			
Has a Claim been filed with any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Reference No.	Has the Claim been settled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the outcome of the claim.
<p>I DECLARE THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT. <i>I/We authorize any other insurance plan, under which I/We have coverage, to disclose information as may be necessary or to make payment in respect of my/our claim to Transamerica Casualty Insurance Company directly. I/We also authorize Transamerica Casualty Insurance Company to disclose to any other Plan, under which I/We have coverage, any and all information as may be necessary with respect to my/our claim.</i></p>			
Signature of Insured/Claimant		Date (MM / DD / YY)	

CLAIM FORM FRAUD REQUIREMENTS****MANDATORY: Please Read and Sign Below******All States Other Than Those Listed:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

California

For your protection California law requires the following to appear on this form: 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.

Colorado

It is unlawful to knowingly provide, false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance Company who knowingly provides false, incomplete, or company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Affairs.

Delaware

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurer files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland

Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil procedures.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I CERTIFY THAT I HAVE READ THE FRAUD STATEMENT THAT APPLIES TO MY STATE OF RESIDENCE. IF MY STATE OF RESIDENCE IS NOT LISTED, I CERTIFY THAT I HAVE READ THE "ALL OTHER STATES OTHER THAN THOSE LISTED"

Signature

Date

(MM / DD / YY)