

Rental Car Damage Claim Form

SECTION A - CONTACT INFORMATION

Name of Insured _____ Date of birth _____
FIRST LAST MM / DD / YYYY

Home Telephone _____ Work Telephone _____

Home Address _____ City _____

State / Jurisdiction _____ Postal / Zip Code _____ Email Address _____

Mailing Address _____ City _____

State / Jurisdiction _____ Postal / Zip Code _____

Preferred method of contact: Mail Email Home Phone Work Phone

SECTION B - PLAN INFORMATION

Confirmation / Policy ID # _____

Booking # _____

Date of Departure _____ Date of Return _____
MM / DD / YYYY MM / DD / YYYY

Original Destination Travel _____

Agency Name _____

Initial Deposit Date _____

Agent's Name _____

Agent's Phone Number _____

Agent's Email _____

SECTION C - TRAVELING COMPANIONS

Companion Name _____ Companion Name _____
FIRST LAST FIRST LAST

Policy Number _____ Policy Number _____

SECTION D - RENTAL DETAILS

Rental Period _____ Through _____ Cost of Rental (In US\$) _____

Rental Car Make _____ Rental Car Model _____

Rental Car Company Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Date Incident Occured _____

Was the vehicle rented through the same Travel Supplier with whom you booked your trip? _____ Yes _____ No

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SECTION E - INSURANCE / INCIDENT DETAILS

Who was driving the rental car at the time of accident? _____

Name of Driver's insurance company _____ Policy Number _____

Address _____ City _____ State _____ Zip Code _____

Where did the incident occur? Country _____ City _____ State _____

Briefly describe the incident that resulted in the damage or loss (attach additional pages if needed)

Do you believe a third party was responsible? Yes No

Name of thrid party: _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Total Amount Claimed in US \$ _____ Benefits are payable to Insured Rental Agency

Did you decline the Collision Damage Waiver offered by the Rental Company? Yes No

SECTION F - OTHER INSURANCE INFORMATION

Did you file a claim with any other insurance carrier (eg: personal auto insurance, other travel insurance or credit card benefit)?

YES NO

If yes, please indicate name of insurance company: _____ Policy no. _____

Claim number for other carrier: _____ Contact # for other carrier: _____

SECTION G - ADDITIONAL REQUIRED SUPPORTING DOCUMENTS

Required documents for Collision Coverage

- 1) Copy of Rental Car Agreement
- 2) Copy of the Police Report, Damage Report
- 3) Your travel insurance policy number
- 4) An itemized estimate of repairs
- 5) Copy of itinerary

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SECTION H - AUTHORIZATION

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.

AUTHORIZATION

I AUTHORIZE any insurance company, physician, hospital, and other health care providers, any travel organization or agency, airline carrier, rental agency, hotel, motel, or similar entity providing lodging on a rental/lease basis or any other person who may have knowledge regarding this claim, to release any information requested to Administrative Concepts, Inc and/or their affiliate partners regarding this claim and the loss reported.

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: _____

You can create a profile and track this and your other Starr claims using the following link:

<https://www.acitpa.com>

Or, mail the completed and signed Claim Form and all required documents to:

Administrative Concepts, Inc
P.O. Box 4000
Collegeville, PA 19426-9000

If you choose to mail your documents, please send a copy of your documents and retain the originals for your records. Administrative Concepts, Inc is unable to return any submitted documents. You will be contacted by a claim adjuster if additional information or documentation is required.

Fax: 610-293-9299

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Fraud Statements

General: 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.

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.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, West Virginia: 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 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 Agencies.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

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

District of Columbia: Warning: 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 an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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. 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.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and civil penalties.

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

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

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 section 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 penalties.

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: WARNING: 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.

Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. 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, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: 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.