



ASSURANT
Solutions®

American Bankers Insurance
Company of Florida

P.O. BOX 7300

KINGSTON (ONTARIO) K7L 0B2

Toll Free: 1-877-391-7507 Fax: 1-888-315-7377

E-mail: inclusive.benefits@assurant.com

RENTAL CAR COLLISION/LOSS DAMAGE WAIVER CLAIM FORM

SECTION ONE – DOCUMENTS REQUIRED TO PROCESS CLAIM

Fully complete, sign, and return this form along with the following documents to the address indicated above in order to avoid a delay in processing your claim. When submitting original copies, please do keep a copy for your records.

- ☐ Original open and finalised Car Rental Agency agreement
- ☐ The account statement showing the charge
- ☐ Itemized repair bill detailing cost of vehicle repair
- ☐ Copy (front and back) of drivers license of the person driving the vehicle at the time of the incident
- ☐ Copy of the police report (if applicable*)
- ☐ Rental Agency Damage Report

*** Please note: All incidents must be reported to the Rental Agency. Incidents for actuals and/or estimates over \$1,000 must be reported to the police.**

SECTION TWO – INSURED INFORMATION (PLEASE PRINT)

NAME OF CARDHOLDER: (LAST, FIRST)	SCOTIABANK CARD NUMBER FIRST 6 DIGITS: _____ LAST 4 DIGITS: _____
EMAIL ADDRESS:	HOME TELEPHONE NUMBER _____
ADDRESS OF CARDHOLDER: _____	

SECTION THREE – CLAIM INFORMATION (PLEASE PRINT)

NAME OF DRIVER: (AT TIME OF INCIDENT) (LAST, FIRST)	RELATIONSHIP OF DRIVER TO THE CARDHOLDER:	
VEHICLE MAKE AND MODEL NUMBER:	WAS THE VEHICLE USED FOR BUSINESS PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE INDICATE THE TYPE OF INCIDENT: <input type="checkbox"/> COLLISION <input type="checkbox"/> THEFT <input type="checkbox"/> VANDALISM <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER	WAS INCIDENT REPORTED TO RENTAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS INCIDENT REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF INCIDENT (YYYY/MM/DD)	LOCATION OF INCIDENT (City, Province/State & Country):	
WAS THE RENTAL A REPLACEMENT VEHICLE FOR WHICH YOUR PERSONAL AUTOMOBILE INSURANCE, CAR DEALER, REPAIR SHOP OR OTHER PARTY IS COVERING ALL OR PART OF THE RENTAL COST? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EXPLAIN HOW THE INCIDENT OCCURRED:



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SECTION FOUR – CLAIM AMOUNT INFORMATION (PLEASE PRINT)

TOTAL AMOUNT CLAIMED BY RENTAL AGENCY \$ _____	TOTAL AMOUNT PAID BY OTHER INSURANCE (IF ANY, PROVIDE SUPPORTING DOCUMENTATION) \$ _____	HAVE YOU PAID FOR ANY DAMAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE THE SUPPORTING DOCUMENTATION CONFIRMING THE CHARGE).
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SECTION SIX – CERTIFICATION AND AUTHORIZATION

I certify that the information I provide is true and correct to the best of my knowledge. I understand that this claim form must be complete and all required documentation submitted before my claim can be processed. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents submitted have concealed or misrepresented any fact or circumstance concerning this claim.

I authorize the policyholder, its agents and administrators to release to American Bankers Insurance Company of Florida ("Insurer"), its agents and administrators, all required information regarding my claim; and I authorize the Insurer, its agents and administrators to release to the policyholder, its agents and administrators, all required information regarding my claim. I further authorize the Insurer, its agents and administrators to obtain copies of any investigative reports or information appropriate for the processing of this claim.

I understand that American Bankers Insurance Company of Florida, and affiliates may collect, use and share personal information provided to them by me and obtained from others with my consent. They may use the information to establish and serve me as a customer or when required or permitted by law. My information may be processed and stored in the United States and may be subject to access by US authorities under applicable laws. I hereby consent to the use of the personal information about me disclosed in all documents or information provided in connection with this claim for the purposes identified herein.

CARDHOLDER'S SIGNATURE:

DATE (YYYY/MM/DD)

For complete coverage information, please refer to your certificate of insurance. Insurance is underwritten by American Bankers Insurance Company of Florida. Claim Payment and administrative services are provided by Scotia Assist.

American Bankers Insurance Company of Florida and its subsidiaries and affiliates carry on business in Canada under the name of Assurant Solutions.

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