

## Claim form - Loss Damage Waiver & Excess Reimbursement

### Data protection

We use personal information which you supply to us [or, where applicable, to your insurance broker] for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: <https://www.chubb.com/uk-en/footer/privacy-policy.aspx> or by searching 'Master Privacy Policy' on <https://www.chubb.com/uk-en/>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).

**Please write in black ink and use block capital letters.**

All sections must be completed or marked 'not applicable'.

Complete the checklist and ensure that you sign the declaration at the end of this form.

**Policy/certificate number:**

**Claim reference number:**

### Documentation required

Failure to provide can result in our being unable to process your claim Please confirm you have attached the following documents

<input type="checkbox"/> <b>Fully completed claim form</b>	Complete each relevant section.
<input type="checkbox"/> <b>Confirmation of insurance</b>	Insurance certificate
<input type="checkbox"/> <b>Confirmation of trip dates</b>	Tour operators confirmation booking invoice. Also forward any travel tickets you may have or any other documents as evidence of this trip.
<input type="checkbox"/> <b>Rental agreement</b>	Contact signed by the lead name driver and car rental company for hire of the rental vehicle.
<input type="checkbox"/> <b>Charge receipt</b>	Receipt for car hire if separate from the rental agreement.
<input type="checkbox"/> <b>Police report</b>	If the incident by law required the Police to attend
<input type="checkbox"/> <b>Incident report form</b>	The accident report from the car rental company or agency.
<input type="checkbox"/> <b>Receipts / invoices</b>	Invoices/Receipts/other documents confirming the amount you have paid in respect of damage for which the car rental company or agency holds you responsible
<input type="checkbox"/> <b>Credit card statement</b>	Your credit card statement showing payment of the damages claimed
<input type="checkbox"/> <b>Driving licence</b>	Driving licence
<input type="checkbox"/> <b>Any additional information/ documentation</b>	Any additional information or documents which you wish to enclose to substantiate your claim

We understand that it can at times be a daunting prospect making a claim. Please help us to help you by following these guidelines:

- Make sure that the claim form is fully completed, and that the information given is as clear as possible
- Always provide the information requested above. If for some reason, the documentation is not available, please attach a letter advising why it has not been enclosed.

### Full details of insured

<b>Title</b>	<b>First name</b>	<b>Last name</b>
_____	_____	_____
<b>Email address</b>	<b>Date of Birth (DD/MM/YY)</b>	
_____	_____	
<b>Full address</b>		
_____		
	<b>Postcode</b>	
_____	_____	_____

Contact no. (day)

Contact no. (eve)

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### Car rental details

Vehicle registration number: \_\_\_\_\_ Make and model: \_\_\_\_\_  
Period of rental: From: \_\_\_\_\_ To: \_\_\_\_\_ Location of rental: \_\_\_\_\_  
Rental company name: \_\_\_\_\_ Telephone number (if known): \_\_\_\_\_

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### The driver at the time of incident

Title	First name	Last name
_____	_____	_____
Full address		
_____		
		Postcode
		_____
Date of birth (DD/MM/YY)		
_____	_____	
Email address	Contact no. (eve)	
_____	_____	

Is a current full driving licence held? Yes:  No:   
Licence number of the driver: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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### The incident

Was the hire vehicle being used in accordance with the rental agreement? Yes:  No:   
Incident date: \_\_\_\_\_ Incident time (Please be precise): \_\_\_\_\_

Where did it happen? (Town/Country): \_\_\_\_\_

How did the incident occur? Please pay particular attention to mentioning the following: weather/road conditions, road layout, speed just prior to the incident, traffic signal indication, position of vehicles following the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a third party claim been made against you? Yes:  No:

If Yes, please forward all particulars including letters received from claimants or their legal advisors. \_\_\_\_\_

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### Damage to the rental vehicle

Please supply full details of any damage to rental vehicle

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If a third party was not involved or a claim has not been made against you, please now move to Section 9 of this claim form.

### Third party driver details

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Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Full address \_\_\_\_\_

Postcode \_\_\_\_\_

Vehicle registration number \_\_\_\_\_ Make and model: \_\_\_\_\_

Name of third party insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Have you had any previous claims on this type of insurance? Yes:  No:

Insurer's address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Who in your opinion was responsible for the accident? \_\_\_\_\_

Have you admitted liability? Yes:  No:

### Details of injury sustained by a third party driver details

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Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Full address \_\_\_\_\_

Date of birth \_\_\_\_\_ Postcode \_\_\_\_\_

Nature of Injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Details of damage to a third party property

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Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Full address \_\_\_\_\_

Postcode \_\_\_\_\_

Nature of Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Theft or damage to baggage and/or personal effects

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\_\_\_\_\_

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**Details of any police involvement (Please supply copy of police report if applicable)**

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Were the police/highway patrol involved? Yes:  No:

If Yes, please supply name of officer: \_\_\_\_\_ Reference number: \_\_\_\_\_

Police department/location \_\_\_\_\_

Contact details including telephone number: \_\_\_\_\_

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**Witnesses or others present at time of incident**

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Title	First name	Last name
_____	_____	_____
Full address		_____
_____		Postcode _____

Title	First name	Last name
_____	_____	_____
Full address		_____
_____		Postcode: _____

**Additional Information**

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Are there any other insurances in force that may cover this incident? Please provide full details including policy number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Rental excess settlement details**

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Total amount the rental company holds you liable for in respect of loss, theft of or damage to their vehicle \_\_\_\_\_

Have the rental company agreed to cover this directly via any other insurance office? Yes:  No:

If NO, have you paid any amount to the rental company? Yes / No \_\_\_\_\_ Amount paid if applicable \_\_\_\_\_

If paid, was this in full settlement of the amount the rental company hold you responsible for? Yes:  No:

If NO, please provide the amount for which you are liable \_\_\_\_\_

Payment method: \_\_\_\_\_ Date of payment: \_\_\_\_\_

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## Payee's bank details

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If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your bank/building society: \_\_\_\_\_

Bank sort code

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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account number \_\_\_\_\_

Name of account holder (s) \_\_\_\_\_

Postcode \_\_\_\_\_

## Declaration

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I declare that all the information given is to the best of my knowledge and belief, full true and correct.

I give permission for any Medical Practitioner, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## Checklist

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Please return the completed claim form together with any enclosures to your insurance broker or to Chubb and please ensure:

- You have completed all relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

If you do not complete all sections and provide all requested documentation your claim will be delayed

**Please return the completed claim form together with any enclosures to:**

Chubb European Group SE, Claims Department, PO Box 1086, Belfast, BT1 9ES

Chubb. Insured.<sup>SM</sup>

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