Claims Administration
OLD REPUBLIC INSURANCE COMPANY OF CANADA
Box 557, 100 King Street West
Hamilton, Ontario L8N 3K9
Toll Free: 888.831.2222
Fax: 866.551.1704

RENTAL VEHICLE DAMAGE CLAIM FORM

Please Note: *Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.*

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
- ❑ A copy of your travel itinerary showing confirmation of car rental booking
- ❑ Your travel insurance policy number
- ❑ An itemized estimate of repairs
- ❑ A copy of the Police Report, Damage Report

Part I GENERAL INFORMATION

Claimant's Name *(Last, First)*	Policy No.	Date of Birth
Claimant's Full Address		
Claimant's Home Phone No.	Claimant's Business Phone No.	
Driver's Name *(Last, First)*	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: *(MM / DD / YY)* To: *(MM / DD / YY)*	Make of Vehicle	Year of Vehicle
Model of Vehicle	Use of Vehicle ❑ Business ❑ Pleasure	Cost of Rental *(IN CDN $)*
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 CDN $	Benefits are Payable to ❑ Insured ❑ Rental Agency	Was the vehicle rented through the same Travel Supplier with whom you booked your Trip? ❑ Yes ❑ No	Did you decline the Collision Damage Waiver offered by the Rental Company? ❑ Yes ❑ 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? ❑ Claimant ❑ Other Party ❑ Both	Summons issued? ❑ Claimant ❑ Other Party ❑ Both	Were the Police called? ❑ Yes ❑ 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? ❑ Yes ❑ 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) ❑ Yes ❑ 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? ❑ Yes ❑ No	Claim Reference No.	Has the Claim been settled? ❑ Yes ❑ No	If Yes, provide the outcome of the claim.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT.

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 Old Republic Insurance Company of Canada directly. I/We also authorize Old Republic Insurance Company of Canada 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.

Signature of Insured/Claimant

Date (MM / DD / YY)