

CLAIMS PROCESS

- A. Complete both pages of the « Claim Form – Vehicle Rental »;**
- B. Sign the « Agreement and Authorization » section;**
- C. Compile a list of stolen or damaged items if applicable;**
- D. Send all duly completed forms as well as any other required documents to CanAssistance.**

Online via our secure website:
canassistance.com/en/policyholder/depot

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:
**CanAssistance, Claims Department
PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7**

INSURANCE COMPANY	GROUP NUMBER (Optional)
CONTRACT NUMBER	FILE NUMBER (Optional)

Policyholder (or credit cardholder)

Last name		First name		Date of birth Year Month Day			Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Email				Telephone 1		Telephone 2		
Mailing address No		Street		Apt.	City		Province	Postal Code
Type of claim <input type="checkbox"/> Car rental physical damage <input type="checkbox"/> Personal effects								

Other claimants

If personal effects were stolen or damaged, please provide the following information for each person who is claiming:

Last name	First name	Relationship to policyholder
Last name	First name	Relationship to policyholder
Last name	First name	Relationship to policyholder

Agreement and Authorization

1. I hereby certify that I have not received any compensation for this loss giving rise to this claim other than that declared on this form.
2. I certify that I have not in any way caused or attempted to cause, directly or indirectly, this loss. I have not concealed or misrepresented any circumstances or any relevant facts regarding this coverage and its purposes.
3. I authorize CanAssistance Inc. to provide the information contained in my claim file to third parties, for their use, within the context of this claim, to determine the benefits payable, if the case arises.
4. I authorize CanAssistance inc. to obtain a copy of the police, fire or investigation reports, as well as any other information deemed necessary to process my claim. Further, I authorize CanAssistance inc. to provide my information to the insurer of my travel policy and to its reinsurers, to internal and external auditors and to any professional or organization mandated by CanAssistance inc. within the context of my claim.
5. I declare that the information and details given on this form and the information provided in the attached documents are complete and true, and I am aware that any false declaration shall nullify the insurance certificate or insurance policy and shall result in the denial of my application for benefits.
6. By sending us this form, you understand that we will process your personal information in accordance with the terms of our Privacy Policy. We invite you to read our Privacy Policy available on our web site, which provides, without limitation, information about the categories of third parties to whom it is necessary to communicate your personal information, sometimes outside your province of residence, and your rights to access and correct your personal information.

Signature of Cardholder: _____ Date : _____

FOR OFFICE USE

Information about the incident

Type of incident <input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism		Place of incident (city and country)	Date of incident Year Month Day	
Rental company	Rental company phone number	Start date of rental period Year Month Day	End date of rental period Year Month Day	
Vehicle make, model and year	Vehicle registration number	Name of driver at time of incident		
Did you report the incident to the police or any other authority? <input type="checkbox"/> Yes <input type="checkbox"/> Non		Was the vehicle used for business purposes? Oui <input type="checkbox"/> Non <input type="checkbox"/>		
Did you have a rental agreement prior to or following this rental? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include the rental agreement				
Describe the circumstances of the incident. Please use an additional sheet of paper if needed. _____ _____ _____				

Other Insurance

Do you have another insurance for owner/occupant, tenant or commercial property? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide the following information.		
Policyholder	Insurance Company	
Policy and identification number	Company phone number	Deductible amount
Have you already initiated a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate the file number:		

Essential Documents to Submit

For all claims:

- The « Claim Form – Vehicle Rental » duly completed and signed;
- Opening and closing rental agreement;
- Monthly credit card statement showing the charge for the vehicle rental;
- Accident, damage or theft report provided by the rental company;
- A letter detailing your version of events and circumstances leading to the claim;
- Copy of driver’s licence of the person driving the vehicle at the time of the incident;
- **According to the event giving rise to the claim:**
 - o Police or other competent authority’s report;
 - o Invoice or estimate indicating the cost of repairs;
 - o Proof of payment if rental company has already charged you for repairs;
 - o Detailed list of stolen or damaged items;
 - o Receipts for stolen items (receipts of replacement of stolen items are not accepted);
 - o Homeowner’s insurance policy showing the amount of the deductible.

An incomplete claim may cause additional delays in processing your file. If you can’t submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request the original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

Should you have any questions about your claim, please contact us by using the phone number on your insurance card or visit our website at canassistance.com.

IMPORTANT NOTICE

If your claim is deemed admissible, by default a cheque will be sent to the policyholder. If you prefer to receive the reimbursement in your chequing account through direct deposit, please complete this form and attach a voided cheque.

We recommend that you select direct deposit for a number of reasons:

- Avoid the many possible days that come with receiving cheques by mail.
- Access your funds immediately without any holds that may be required by your financial institution.

SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE

Online via our secure website:

canassistance.com/en/policyholder/depot

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:

CanAssistance, Claims Department
PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7

Policyholder identification

Name of the policyholder

Contract, certificate or identification number

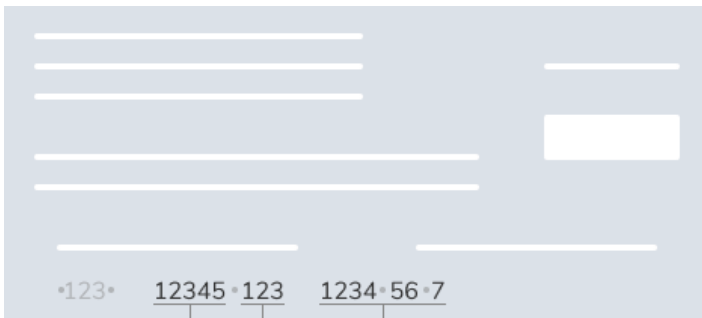
File number

Bank Account Details (Canadian financial institutions only)

To avoid payment errors and delays, please attach a voided cheque. A copy can also be obtained through the online banking services of your financial institution.

Scan the document or take a photo of it, making sure all information is legible.

If you are unable to provide a voided cheque, please carefully complete the sections below.



Branch number _____

Institution number _____

Account number _____

I hereby request that my benefits be paid via electronic funds transfer (direct deposit) to the aforementioned account number.

Signature of the policyholder _____

Date _____