

**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.

By email:  
[claims@canassistance.com](mailto:claims@canassistance.com)  
 Send all scanned documents and keep originals.

By regular mail:  
 CanAssistance, Travel Claims Department  
 1981, McGill College Avenue, Suite 400, Montreal, Quebec H3A 2W9

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**

- 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.
- 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.
- 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.
- 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.
- 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.

Signature of Cardholder: \_\_\_\_\_ Date : \_\_\_\_\_

FOR OFFICE USE
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**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 coverage or the claims process, please contact our customer service at 514-286-8336 or toll-free at 1 800 264-1852 Monday through Friday, from 8:30 am to 5:00 pm (Eastern Time).



**CLAIM FORM – VEHICLE RENTAL**

[Empty box for office use]

FOR OFFICE USE

Number of people claiming for personal effects : \_\_\_\_\_

Contract number : \_\_\_\_\_

**List of stolen or damaged items**

Claimant	Item description	Date of purchase	Price paid	Office use

Please regroup the items by claimant. You may use an additional sheet of paper if needed.

TOTAL :		
CURRENCY :		