

Collision Damage Claim Form

Claims Dept: 994 Old Eagle School Road Suite 1005
Wayne, PA 19087-1802
Toll Free #: (866) 621-2070
Fax: (610) 977-3217

E-mail: redskyinsurance@visit-aci.com

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Claims Submission Checklist

To avoid delays in processing your claim, you must provide the following information.

- ✓ Answer all questions on both pages of this form.
- ✓ Provide a copy of the following documents:
 - ✓ Initial and final auto rental agreement(s)
 - ✓ Repair estimate or itemized repair bill
 - ✓ Two photographs of the damaged vehicle, if available
 - ✓ Copy of police report
 - ✓ Damage report submitted to your rental company
 - ✓ Copy of credit card statement used to rent the vehicle
 - ✓ Copy of driver's license
 - ✓ Proof of payment of auto repairs
- ✓ Mail the completed form along with all documentation to the address shown above.

To Be Completed by Insured / Guest

Name of Insured / Guest		Date of Birth	Plan / Policy #
Address of Insured / Guest		Home Phone # ()	Alternative Phone # ()
Insured / Guest's E-mail Address			
Trip Departure Date	Trip Return Date		
Name of Person Driving Rental Vehicle		Is this person listed on the Rental Agreement?	
Date of Loss	Time of Loss <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location (City, State, Country)	
Name of Rental Company		Name of Rental Company Contact	
Address of Rental Company		Rental Company Phone # ()	
Rental Vehicle Year, Make, and Model			
Do you have any other insurance that may provide coverage for this claim (auto, travel insurance, credit card)? If Yes , please provide company name, phone #, and policy # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of driver's auto insurance company, policy #, and phone #			
Were the Police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the police department and phone number			
Was an accident report made with the rental company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Not, Please file a reoprnt immediately.)			
Name of leaseholder on the rental property.			
List all guests occupying the property.			



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<i>Describe below how the damage occurred to the vehicle.</i>	<i>Diagram of Accident</i>
	In the Diagram show the exact relationship of roadways and vehicles at the time of the accident. Mark all other vehicles as #2, #3, etc. Please indicate North with an arrow.
Who do you think was at fault for the accident?	Was anyone cited by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?

<i>Witness / Passenger Information</i>			
(a) Name of Witness / Passenger	Address		Phone #
(b) Name of Witness / Passenger	Address		Phone #
(c) Name of Witness / Passenger	Address		Phone #

<i>Other Drivers Involved</i>			
Vehicle # 2 Driver's Name	Address		Phone #
Insurance Company		Policy #	Reported? Yes No
Vehicle # 3 Driver's Name	Address		Phone #
Insurance Company		Policy #	Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law. I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Insured / Guest

Date

Trip Preserver Product is Underwritten by Arch Insurance Company.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or specific to LA, TX and W VA: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Tennessee and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company. Penalties include imprisonment, fines and denial of insurance benefits.