



ASSURANT®

American Bankers Insurance  
Company of Florida

P.O. Box 7300 Kingston, Ontario K7L 0B2  
Toll Free: 1-888-409-4442 Fax: 1-888-315-7377  
Email: inclusive.benefits@assurant.com

## RENTAL CAR COLLISION / LOSS DAMAGE CLAIM FORM

### SECTION 1 – DOCUMENTS REQUIRED TO PROCESS CLAIM

Fully complete, sign, and return this form along with the following documents to the address indicated above in order to avoid a delay in processing your claim. When submitting original copies, please do keep a copy for your records.

- The account statement showing that the rental was paid in full with the Desjardins credit card.
- Copy of your Desjardins credit card account statement at date of loss.
- The original copy of both sides of the vehicle rental agreement.
- The accident, loss/damage or theft report.
- The itemized repair bill or, if unavailable, a copy of the estimate.
- Receipt for paid repairs.
- Police report, when available.
- Copy (front and back) of driver's license of the person driving the vehicle at the time of the incident.
- Copy of any photographs taken of the damaged vehicle, or damages.
- Copy of your billing or pre-billing statement if any repair charges were billed to your Account.
- If Loss of Use is charged, a copy of the Rental Agency's complete daily utilization log from the date the vehicle was not available for rental, to the date the vehicle became available to rent.

**\* Please note: All incidents must be reported to the Rental Agency. Incidents for actuals and/or estimates over \$1,000 must be reported to the police.**

### SECTION 2 – INSURED INFORMATION

NAME OF CARDHOLDER (LAST, FIRST)	DESJARDINS CREDIT CARD NUMBER (FIRST 6 - LAST 4)             -
EMAIL ADDRESS (OPTIONAL)	HOME TELEPHONE NUMBER (       )       -
ADDRESS OF CARDHOLDER	



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**SECTION 3 – CLAIM INFORMATION**

NAME OF DRIVER (AT TIME OF INCIDENT) (LAST, FIRST)						RELATIONSHIP OF DRIVER TO THE CARDHOLDER							
RENTAL PERIOD		FROM			TO			TOTAL COST OF RENTAL			AMOUNT OF RENTAL CHARGED TO ACCOUNT		
		YYYY	MM	DD	YYYY	MM	DD	\$			\$		
VEHICLE MAKE AND MODEL NUMBER													
PLEASE INDICATE THE TYPE OF INCIDENT						WAS THE VEHICLE USED FOR BUSINESS PURPOSES?							
<input type="checkbox"/> COLLISION <input type="checkbox"/> THEFT <input type="checkbox"/> VANDALISM <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER						<input type="checkbox"/> NO <input type="checkbox"/> YES							
WAS INCIDENT REPORTED TO RENTAL AGENCY?						WAS INCIDENT REPORTED TO THE POLICE?							
<input type="checkbox"/> NO <input type="checkbox"/> YES						<input type="checkbox"/> NO <input type="checkbox"/> YES							
DATE OF INCIDENT						LOCATION OF INCIDENT (CITY, PROVINCE/STATE & COUNTRY)							
YYYY    MM    DD													
WAS THE RENTAL A REPLACEMENT VEHICLE FOR WHICH YOUR PERSONAL AUTOMOBILE INSURANCE, CAR DEALER, REPAIR SHOP OR OTHER PARTY IS COVERING ALL OR PART OF THE RENTAL COST?													
<input type="checkbox"/> NO <input type="checkbox"/> YES													
EXPLAIN HOW THE INCIDENT OCCURRED													

**SECTION 4 – CLAIM AMOUNT INFORMATION**

TOTAL AMOUNT CLAIMED BY RENTAL AGENCY			TOTAL AMOUNT PAID BY OTHER PROVIDER (IF ANY, PROVIDE SUPPORTING DOCUMENTATION)		
\$			\$		
HAVE YOU PAID FOR ANY DAMAGES?					
<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE PROVIDE THE SUPPORTING DOCUMENTATION CONFIRMING THE CHARGE).					



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**SECTION 5 – CERTIFICATION AND AUTHORIZATION**

I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim form must be complete and all required documentation submitted before my claim can be processed. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents submitted have concealed or misrepresented any fact or circumstance concerning this claim.

I authorize the policyholder, its agents and administrators to release to American Bankers Insurance Company of Florida (“Insurer”), its agents and administrators, all required information regarding my claim; and I authorize the Insurer, its agents and administrators to release to the policyholder, its agents and administrators, all required information regarding my claim. I further authorize the Insurer, its agents and administrators to obtain copies of any investigative reports or information appropriate for the processing of this claim. I am aware and understand that by providing my email address above, I may receive communications, notifications and documentation relating to my claim via email and that the Insurer cannot guarantee the security or privacy of such e-mail correspondence.

I understand that American Bankers Insurance Company of Florida, and affiliates may collect, use and share personal information provided to them by me and obtained from others with my consent. They may use the information to establish and serve me as a customer or when required or permitted by law. My information may be processed and stored in the United States and may be subject to applicable laws. I hereby consent to the use of the personal information about me disclosed in all documents or information provided in connection with this claim for the purposes identified herein.

CARDHOLDER’S SIGNATURE	DATE		
	YYYY	MM	DD

For complete coverage information, please refer to your Certificate of Insurance. Insurance is underwritten by American Bankers Insurance Company of Florida. Claim payment and administrative services are provided by Assurant®.

American Bankers Insurance Company of Florida and its subsidiaries and affiliates carry on business in Canada under the name of Assurant®.

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