

Contact no. (day)

Contact no. (eve)

Car rental details

Vehicle registration number: _____ Make and model: _____

Period of rental: From: _____ To: _____ Location of rental: _____

Rental company name: _____ Telephone number (if known): _____

The driver at the time of incident

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Date of birth (DD/MM/YY) _____

Email address _____ Contact no. (eve) _____

Is a current full driving licence held? Yes: No:

Licence number of the driver: _____ Telephone Number: _____

The incident

Was the hire vehicle being used in accordance with the rental agreement? Yes: No:

Incident date: _____ Incident time (Please be precise): _____

Where did it happen? (Town/Country): _____

How did the incident occur? Please pay particular attention to mentioning the following: weather/road conditions, road layout, speed just prior to the incident, traffic signal indication, position of vehicles following the incident: _____

Has a third party claim been made against you? Yes: No:

If Yes, please forward all particulars including letters received from claimants or their legal advisors. _____

Damage to the rental vehicle

Please supply full details of any damage to rental vehicle

Note: If a third party was not involved or a claim has not been made against you, please now move to Section 9 of this claim form.

Third party driver details

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Vehicle registration number _____ Make and model: _____

Name of third party insurer: _____ Policy number: _____

Have you had any previous claims on this type of insurance? Yes: No:

Insurer's address: _____
Postcode: _____

Who in your opinion was responsible for the accident? _____

Have you admitted liability? Yes: No:

Details of injury sustained by a third party driver details

Title _____ First name _____ Last name _____

Full address _____

Date of birth _____ Postcode _____

Nature of Injuries _____

Details of damage to a third party property

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Nature of Damage: _____

Theft or damage to baggage and/or personal effects

Details of any police involvement (Please supply copy of police report if applicable)

Were the police/highway patrol involved?

Yes: No:

If Yes, please supply name of officer: _____ Reference number: _____

Police department/location _____

Contact details including telephone number: _____

Witnesses or others present at time of incident

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Title _____ First name _____ Last name _____

Full address _____

Postcode: _____

Additional Information

Are there any other insurances in force that may cover this incident? Please provide full details including policy number

Rental excess settlement details

Total amount the rental company holds you liable for in respect of loss, theft of or damage to their vehicle

Yes: No:

Have the rental company agreed to cover this directly via any other insurance office?

If NO, have you paid any amount to the rental company? Yes / No _____ Amount paid if applicable _____

Yes: No:

If paid, was this in full settlement of the amount the rental company hold you responsible for?

If NO, please provide the amount for which you are liable _____

Payment method: _____ Date of payment: _____

Payee's bank details

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your bank/building society:	Bank sort code						
_____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Address: _____	Account number _____						
_____	Name of account holder (s) _____						
_____ Postcode _____	_____						

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

I give permission for any Medical Practitioner, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records

Signed _____

Name _____

Date _____

Checklist

Please return the completed claim form together with any enclosures to your insurance broker or to Chubb European Group Limited and please ensure:

- You have completed all relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

If you do not complete all sections and provide all requested documentation your claim will be delayed

Please return the completed claim form together with any enclosures to:

Chubb European Group Limited, Ground Floor, Guild House, Guild Street, IFSC, Dublin 1, Republic of Ireland. Tel: 01 6369 100

Chubb. Insured.SM

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