

# PERSONAL ACCIDENT INSURANCE

# CLAIM FORM

## Instructions for Completion of Claim Form

- Please print or type your claim form utilizing the English language.
- Each claimant should have a form completed individually and all areas must be completed for the form to be processed.
- Claim will be subject to policy provisions.
- Attach a copy of the signed rental agreement, police & rental agency accident reports
- **Mail all listed above to:**

**ESIS**

**Attn Frank Orr, PO Box 6562  
Scranton, PA 18505**

### Claimant Information:

Are you a:                      Renter                      Driver                      Passenger

1. Your Full Name		2. Street Address		3. City		State		Zip		Country	
4. Home Telephone Number		5. Work Phone Number		6. Social Security Number			7. Driver's License Number				
							Country _____				
							State _____				
8. Date of Birth Month/Day/Year		9. Date & Time of Accident			10. City and State Where Accident Occurred						
		<input type="checkbox"/> AM <input type="checkbox"/> PM									
11. Name & Telephone Number of Law Enforcement Agency Notified											

### Renter Information:

12. Renter's Name			13. Renter's Address			14. City			State			Zip			Country		
15. State how accident occurred:																	
16. Describe the nature of injuries:																	
17. Date of Report				18. Date & Time of Accident				19. Date of Rental				20. Rental Agreement Number					
				<input type="checkbox"/> AM <input type="checkbox"/> PM													
21. Rental Location (City and state where vehicle rented)						22. Claim Number if known						23. Witnesses					
24. List below the names, telephone number and address of all persons in the rental vehicle at the time of the accident:																	
_____																	
_____																	
_____																	
25. Show how the accident occurred:																	

**Medical Expense Claim**  
 Attach itemized medical bills

Amount of Medical Charges Incurred: \$ _____	Is Further Treatment Necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Whether the claimant was: <input type="checkbox"/> Renter <input type="checkbox"/> Additional Driver <input type="checkbox"/> Passenger
---	---	--

NOTE: ONLY FOR THOSE RENTALS IN THE STATE OF NEW YORK:

Is this claim covered under the Standard First Party Benefits provided pursuant to No Fault?  Yes    No

If Yes, name of Rental Agency Insurance Company and its claim office address: \_\_\_\_\_

**IMPORTANT NEW YORK STATE NOTICE:** Personal Accident Insurance pays in addition to any other insurance or compensation under which you may be receiving, but only to the extent those charges are in excess to the standard first party benefits provided pursuant to Article 51 of the New York Insurance Law ("No-Fault").

**ACCIDENTAL DEATH CLAIM**

Attach a copy of the Certified Death Certificate and Proof of Estate Designation

Full Name of Deceased:	Address of Deceased:
Your Relationship with the Deceased:	Name, phone number, and address of Beneficiary:
Was the deceased the: <input type="checkbox"/> Renter <input type="checkbox"/> Additional Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Other, explain:	

**26. CLAIM AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I AUTHORIZE any consumer reporting agency, insurance institution, insurance support organization, institutional source, governmental agency, including but not limited to the Social Security Administration and the Veterans Administration, the Medical Information Bureau, employer or any other individual or person to provide any of the \*Insurance and Adjusting Companies listed below, its officers, employees, agents, or legal representative, and any insurance support organization and consumer reporting agency on the company's behalf, with any and all personal information, including privileged information, requested about me or any of my minor children. As part of our claim procedure, a consumer report may be secured through personal interviews with third parties, which may include information as to your character, reputation, mode of living, etc. You have the right to make a written request, within a reasonable period of time, concerning the nature and scope of this investigation.

I UNDERSTAND the information obtained by use of this Authorization will be used by any of the \*Insurance and Adjusting Companies listed below, or its agents to determine eligibility for benefits under an existing policy.

I KNOW that I or my legal representative may request to receive a copy of this Authorization.

I AGREE that a photographic or facsimile copy of this Authorization shall be as valid as the original.

I UNDERSTAND that this Authorization is valid for the duration of this claim.

*FOR YOUR PROTECTION, THE FOLLOWING IS REQUIRED TO BE ON THIS FORM:*

*All states unless shown below* "Any Person Who Knowingly and with Intent to Defraud Any Insurance Company or Other Person Files an Application for Insurance (Or Statement of Claim) Containing Any Materially False Information or Conceals for the Purpose of Misleading, Information Concerning Any Fact Material Thereto Commits a Fraudulent Insurance Act, Which is a Crime."

*California and New Jersey* "Any Person Who Knowingly Files a Statement of Claim Containing Any False or Misleading Information is Subject to Criminal and Civil Penalties."

*Florida* "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 Is Guilty of a Felony in the Third Degree."

*Pennsylvania* "Any Person Who Knowingly and with Intent to Defraud Any Insurance Company or Other Person Files an Application for Insurance or Statement of Claim Containing Any Materially False Information or Conceals for the Purpose of Misleading, Information Concerning any fact Material Thereto Commits a Fraudulent Insurance Act which is a Crime and Subjects Such Person to Criminal and Civil Penalties."

*New York* "Any Person Who Knowingly and with Intent to Defraud Any Insurance Company or Other Person Files an Application for Insurance or Statement of Claim Containing Any Materially False Information, or Conceals for the Purpose of Misleading, Information Concerning Any Fact Material Thereto, Commits a Fraudulent Insurance Act Which is a Crime, and 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."

**The foregoing statements are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Claimant or Parent of Minor Child