

CLAIM FORM - Collision Damage Waiver Allianz Assistance

PO Box 451, Feltham
TW13 9EE

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Please ensure all original documents requested are enclosed

Claim Ref:

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Personal details

Title	<table border="1"><tr><td> </td></tr></table>		Home Address	<table border="1"><tr><td> </td></tr></table>	
Surname	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Forenames(s)	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Date of Birth	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Occupation	<table border="1"><tr><td> </td></tr></table>		Postcode	<table border="1"><tr><td> </td></tr></table>	
Daytime Tel No.	<table border="1"><tr><td> </td></tr></table>		Email	<table border="1"><tr><td> </td></tr></table>	
Evening Tel No.	<table border="1"><tr><td> </td></tr></table>		Cheques to be made payable to:	<table border="1"><tr><td> </td></tr></table>	
Mobile No.	<table border="1"><tr><td> </td></tr></table>				

Car rental / Collision Damage Waiver Insurance details

Vehicle registration details:	<table border="1"><tr><td> </td></tr></table>		Make and Model:	<table border="1"><tr><td> </td></tr></table>		
Rental company name:	<table border="1"><tr><td> </td></tr></table>		Period of rental from:	<table border="1"><tr><td> </td></tr></table> to: <table border="1"><tr><td> </td></tr></table>		
Tel no (if known):	<table border="1"><tr><td> </td></tr></table>		Location of rental:	<table border="1"><tr><td> </td></tr></table>		
Insurers name:	<table border="1"><tr><td> </td></tr></table>		Policy no. / Ref:	<table border="1"><tr><td> </td></tr></table>		
Amount of excess paid (amount being claimed for):		<table border="1"><tr><td> </td></tr></table>				

Other Insurances

Do you have other insurance that may cover this incident:	No <input type="checkbox"/>	If Yes please provide further details below			
Company name:	<table border="1"><tr><td> </td></tr></table>		Policy no. / Ref:	<table border="1"><tr><td> </td></tr></table>	

Particulars of the driver at the time of incident

Full name and title of the driver:	<table border="1"><tr><td> </td></tr></table>		Address	<table border="1"><tr><td> </td></tr></table>	
Tel no (if known):	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
License number of the driver:	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Is a current driving license held? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Postcode	<table border="1"><tr><td> </td></tr></table>		

Third party details

Drivers Full Names:	<table border="1"><tr><td> </td></tr></table>		Drivers Full Address:	<table border="1"><tr><td> </td></tr></table>	
Home Tel No.	<table border="1"><tr><td> </td></tr></table>		Work Tel No.	<table border="1"><tr><td> </td></tr></table>	
Car registration	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Car make and model	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Name of insurance company	<table border="1"><tr><td> </td></tr></table>		Postcode	<table border="1"><tr><td> </td></tr></table>	
Address of insurance company	<table border="1"><tr><td> </td></tr></table>		Policy Number:	<table border="1"><tr><td> </td></tr></table>	
Who in your opinion was responsible for the accident?: <table border="1"><tr><td> </td></tr></table>					
Have you admitted liability?: Yes: <input type="checkbox"/> No: <input type="checkbox"/>					

Witness details (Continue on a separate sheet if necessary)

Full name:	<table border="1"><tr><td> </td></tr></table>		Full Address:	<table border="1"><tr><td> </td></tr></table>	
Home Tel No.	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
Work Tel No.	<table border="1"><tr><td> </td></tr></table>			<table border="1"><tr><td> </td></tr></table>	
		Postcode	<table border="1"><tr><td> </td></tr></table>		

Details of the incident

Was the hire vehicle being used accordingly to the terms of the rental agreement? Yes: No:

Incident date:

Where did it happen: Country:

Time:

City/Town:

How did the incident occur?

Draw a diagram to assist your description

Symbols:

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Vehicle that caused the accident

< <

Other vehicle(s)

Did police attend? Yes: No: If yes please provide details such as Incident Number

Please confirm your bank account and sortcode for any payments to be made to:

Account Number

Sort Code

Payment of any claim would normally be made to the lead claimant, if you wish payment to be made to anyone else please provide their details.

Name

Address

Declaration: Insurers and their agents share information to prevent fraud and for underwriting purposes. It is a criminal offence to make a fraudulent claim. Cases are investigated and any person suspected of fraud is reported to the police with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this claim form is true and correct to the best of my/our belief. I/We assign to Insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights.

Claimant name:

Signature:

Date: