

AVIS BUDGET CAR RENTAL CANADA ULC  
PERSONAL EFFECTS CLAIM FORM

1 RENTERS REPORT

NAME OF RENTER:	_____	DATE:	_____
NAME OF CLAIMANT:	_____		
ADDRESS:	_____	HOME PHONE:	_____
	_____	MOBILE PHONE:	_____
CITY:	_____	PROV:	_____
	_____	POSTAL:	_____
		EMAIL:	_____

2 CLAIM INSTRUCTIONS

<ul style="list-style-type: none"><li>• VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND MAKE CHANGES WHERE REQUIRED.</li><li>• COMPLETE THIS FORM IN FULL AND ATTACH ALL DOCUMENTS AS REQUESTED.</li><li>• SIGN AND DATE COMPLETED FORM AND RETURN PACKAGE TO: <a href="mailto:TRAVELCLAIMS@WTP.CA">TRAVELCLAIMS@WTP.CA</a> OR <b>WORLD TRAVEL PROTECTION CANADA INC.</b> <b>SUITE 300, 901 KING STREET WEST</b> <b>TORONTO, ON</b> <b>M5V 3H5</b> <b>CANADA</b></li></ul> <p>FOR CLAIMS INQUIRIES, PLEASE CONTACT: 1-416-941-0448 OR 1-888-999-1971</p>	<p><b>PLEASE ATTACH THE FOLLOWING DOCUMENTS:</b></p> <ul style="list-style-type: none"><li>• COPIES OF POLICE REPORT AND OR DAMAGE REPORT</li><li>• COPIES OF ORIGINAL PURCHASE RECEIPTS OF ALL ITEMS CLAIMED.</li><li>• ATTACH A COPY OF YOUR RENTAL AGREEMENT</li></ul> <p><b>PLEASE KEEP A COPY OF ALL THE SUBMITTED CORRESPONDENCE FOR YOUR RECORDS.</b></p> <p><b>FALIURE TO COMPLETE THE CLAIM FORM AND ATTACH THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR CLAIM.</b></p>
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3 CLAIM DETAILS

LOCATION OF LOSS:	DATE AND TIME OF LOSS:
RENTAL DATE:	DATE REPORTED
RENTAL AGREEMENT NUMBER:	VEHICLE NUMBER
NAME OF RENTAL CAR COMPANY:	ADDRESS WHERE CAR RENTED (STREET, CITY, PROVIDE, POSTAL CODE:
DESCRIPTION OF HOW LOSS OR DAMAGE OCCURRED:	
POLICE REPORT NUMBER:	NAME OF POLICE OFFICER, BADGE NO. AND DIVISION:

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3CLAIM DETAILS(CONTINUED)

PROVIDE OTHER INSURANCE COVERAGE DETAILS BELOW:

NAME OF INSURANCE COMPANY	POLICY/PLAN #
NAME OF INSURANCE COMPANY	POLICY/PLAN #

ITEMS BEING CLAIMED

DESCRIPTION OF ITEM	DATE AND LOCATION OF PURCHASE	ORIGINAL COST	REPLACEMENT COST	FOR OFFICE USE ONLY	
				DEPRECIATION	ACTUAL CASH VALUE

IF THERE ARE ADDITIONAL ITEMS TO BE CLAIMED, PLEASE ATTACH DETAILED LISTING

4CERTIFICATION AND AUTHORIZATION

ZURICH INSURANCE COMPANY LTD (CANADIAN BRANCH), ITS AGENTS AND AUTHORIZED ADMINISTRATORS (HEREINAFTER “THE INSURER”, OR “THEY”) ARE OBLIGED TO COLLECT AND RETAIN CERTAIN PERSONAL AND/OR HEALTH INFORMATION ABOUT YOU IN CONNECTION WITH YOUR INSURANCE COVERAGE. THEY USE AND DISCLOSE THAT INFORMATION ONLY FOR THE PURPOSES OF ADMINISTERING YOUR POLICY OF INSURANCE, PROVIDING CUSTOMER SERVICE AND ASSESSING AND PAYING CLAIMS.

IN CONSIDERATION OF PAYMENT MADE ON MY BEHALF, I AUTHORIZE ANY BENEFITS PAID OR PAYABLE BY ANY OTHER INSURANCE CARRIER, IN RESPECT TO THIS CLAIM TO BE ASSIGNED IN WHOLE OR IN PART TO WORLD TRAVEL PROTECTION CANADA INC., FOR THE BENEFIT OF THE INSURANCE COMPANY UNDERWRITING THE POLICY FOR WHICH SUCH PAYMENT IS MADE.

**PERSONAL INFORMATION NOTICE**

I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM AND OTHERWISE IN RESPECT OF MY CLAIM, IS REQUIRED BY THE INSURER, ITS REINSURERS TO ASSESS MY ENTITLEMENT TO BENEFITS, INCLUDING BUT NOT LIMITED TO DETERMINING IF COVERAGE IS IN EFFECT, INVESTIGATING THE APPLICABILITY OF EXCLUSIONS. FOR THESE PURPOSES, THE INSURER WILL ALSO CONSULT ITS EXISTING INSURANCE FILES ABOUT ME, COLLECT ADDITIONAL INFORMATION ABOUT AND FROM ME, AND WHERE REQUIRED, COLLECT INFORMATION FROM AND EXCHANGE INFORMATION WITH THIRD PARTIES.

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PERSONAL EFFECTS CLAIM FORM

4 CERTIFICATION AND AUTHORIZATION (CONTINUED)

PRIVACY STATEMENT

YOUR PERSONAL INFORMATION MAY BE PROCESSED AND STORED BY ZURICH INSURANCE COMPANY LTD (CANADIAN BRANCH) AND ITS AFFILIATES (COLLECTIVELY, "ZURICH") AND AUTHORIZED REPRESENTATIVES, BOTH IN DOMESTIC AND FOREIGN JURISDICTIONS OUTSIDE CANADA AND IS SUBJECT TO APPLICABLE LAWS. PLEASE CONTACT THE ZURICH PRIVACY OFFICER IF YOU REQUIRE FURTHER ADDITIONAL INFORMATION REGARDING THE COLLECTION, USE, DISCLOSURE, PROCESSING AND STORAGE OF YOUR PERSONAL INFORMATION VIA EMAIL AT [PRIVACY.ZURICH.CANADA@ZURICH.COM](mailto:PRIVACY.ZURICH.CANADA@ZURICH.COM) OR YOU CAN REVIEW OUR PRIVACY STATEMENT AT [HTTPS://WWW.ZURICHCANADA.COM/EN-CA/ABOUT-ZURICH/PRIVACY-STATEMENT](https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement).

YOU MAY REFUSE TO CONSENT TO THE COLLECTION, STORAGE, USE OR DISCLOSURE OF PERSONAL INFORMATION; HOWEVER, THE REFUSAL TO PROVIDE CONSENT MAY RESULT IN ZURICH BEING UNABLE TO OFFER AND ADMINISTER INSURANCE COVERAGE OR PREVENT ZURICH FROM BEING ABLE TO PAY CLAIM BENEFITS.

ZURICH IS COMMITTED TO PROTECTING THE PRIVACY AND CONFIDENTIALITY OF INFORMATION PROVIDED. YOUR FILE IS SECURED IN OUR OFFICES OR THOSE OF OUR ADMINISTRATOR OR AGENT. YOU MAY REQUEST TO REVIEW THE PERSONAL INFORMATION IT CONTAINS AND MAKE CORRECTIONS BY WRITING TO: PRIVACY OFFICER, ZURICH INSURANCE COMPANY LTD (CANADIAN BRANCH), 100 KING STREET WEST, SUITE 5500, P.O. BOX 290, TORONTO, ON M5X 1C9.

FOR THE PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA) THIS DOCUMENT AS ISSUED IN THE COURSE OF THE ZURICH'S INSURANCE BUSINESS IN CANADA.

CERTIFICATION

THE STATEMENTS I PROVIDE IN COMPLETING THIS CLAIM FORM AND OTHERWISE IN RESPECT OF MY CLAIMS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT OF A FALSE OR MISLEADING STATEMENT IN THE MAKING OF THIS CLAIM, COVERAGE CAN BE CANCELLED, PAYMENT OF BENEFITS DENIED AND PAST CLAIMS PAYMENTS RECOVERED. I AGREE TO REFUND TO THE INSURER, THE AMOUNT OF ANY PAYMENTS MADE IN THE EVENT THAT SUCH AMOUNTS SHOULD NOT HAVE BEEN PAID IN RESPECT OF MY CLAIM.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL. THIS AUTHORIZATION SHALL BE CONSIDERED VALID FOR THE DURATION OF THE CLAIM, BUT NOT TO EXCEED ONE YEAR FROM DATE SIGNED.

I HEREBY CONSENT TO THE COLLECTION, USE AND DISCLOSURE BY THE INSURER, ITS AGENTS AND ADMINISTRATORS OF MY PERSONAL AND HEALTH INFORMATION SET OUT HEREIN AND IN ALL DOCUMENTS OR INFORMATION PROVIDED IN CONNECTION WITH MY CLAIM TO PROCESS, INVESTIGATE AND SETTLE MY CLAIM.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

A SEPARATE FORM MUST BE FILLED OUT FOR EACH CLAIMANT

NAME AND THE RELATIONSHIP (E.G SPOUSE, SISTER) OF OTHER PEOPLE IN YOUR TRAVELLING PARTY AFFECTED BY THIS LOSS

I CERTIFY THAT I AM THE RENTER AND THAT THIS INSURANCE WAS PURCHASED FOR THE PERIOD OF THE VEHICLE RENTAL AND THAT THE PERSON(S) NAMED WAS EITHER THE RENTER OR A MEMBER OF THE TRAVELLING PARTY

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_