



TD Insurance Instructions for completing the claim package for Auto Rental Collision and Loss Damage

The Auto Rental Collision and Loss Damage Claim Instructions contains four sections:

- Section 1: Information about the Cardholder/Certificate Holder
- Section 2: Description of Incident
- Section 3: Claims Summary
- Section 4: Authorization and Declaration

Note:

- Please print all information using a ball point pen.
- Initial all corrections/changes, including any changes you make with correction fluid (liquid paper).
- Completion of all four sections is required and any missing information may result in the delay of the processing of your claim.
- Checkboxes are provided below to assist you in completing the claim package.
- If you have any questions, please contact our Administrator at 1-800-293-4941.

Instructions for the Claimant

Check if
completed

- Please complete and sign the attached claim form. Note: Your Claim must be filed within 45 days of incident. Please forward documents within 90 days.
- Please provide the following documentation, if applicable, and check the appropriate box for each item included:
 - Your sales draft showing that the rental vehicle was paid in full with the TD Canada Trust Credit Card
 - The original opened and closed car rental agreement
 - Copy of the car rental company's Accident Loss/Damage Report Form
 - Copy of the final itemized repair bill or if not available a copy of the estimate
 - Receipts for any repairs, which you may have already paid, if applicable
 - Copy of police report (required for damages estimated over \$1,000)
 - Copy of your credit card statement or pre-billing statement if any repair charges were billed to your account
- Retain a copy of the completed claim package for your records
- Return the original forms to:

Allianz Global Assistance
P.O. Box 277
Waterloo, ON
N2J 4A4
Fax: (519) 742-9471



Section 1: Information about the Cardholder/Certificate Holder

Mr Mrs Ms Miss

Case # (if applicable): _____

Name: _____ Date of Birth: _____
(Last Name) (First Name, Initial) (Month, Day, Year)

Address: _____
(Number) (Street)

(City) (Province) (Postal Code)

Home Phone:(____)____-_____ Business Phone :(____)____-_____

Was the full cost of the rental charged to your credit card? Yes No

Credit Card # (last four digits) _____ Name as it appears on card _____

Date of Birth of Cardholder _____
(Month, Day, Year)

Did you have a rental agreement prior to or following this rental Yes No (if yes, please include the rental agreement)

Section 2: Description of Incident

Date incident occurred: _____
(Month, Day, Year)

Place incident occurred: _____
(City) (Province/State) (Country)

Police report incident #: _____ Did police charge anyone involved in the accident? Yes No

Brief description of incident:

Section 3: Claim Summary

Amount of this claim \$ _____ Currency _____ Amount paid by other insurance (if any) \$ _____ Currency _____

Benefits are payable to (check one) Cardholder Rental Company Other _____

In addition to this claim, you may also need to contact your auto insurance provider.

If another vehicle was involved in the incident,

Vehicle Owner _____

Home Phone (____) ____ - _____

Address _____
(Number) (Street)

(City) (Province) (Postal Code)

Insurance Company Name _____ Telephone # (____) ____ - _____

Address: _____
(Number) (Street)

(City) (Province) (Postal Code)

Insurance Policy # _____ Claim # _____

Contact Name _____ Vehicle Licence Plate _____

Vehicle Make, Model, Year _____ Province/State of Registration _____

If vehicle Owner was not the driver, please provide the name of the driver. In addition to this claim, you may also need to contact your auto insurance provider.

Name of driver _____

Address _____
(Number) (Street)

(City) (Province) (Postal Code)

Section 4: Authorization and Declaration

- I declare that all the statements made in this claim form are accurate, true and complete. I understand that making false, misleading or incomplete statements may cause not only the claim to be denied, but insurance coverage to be rescinded by the Insurer. The undersigned agrees to refund the amount of any payments that should not have been made.
- I authorize any other insurance carrier to release and exchange with TD Home & Auto Insurance Company ("TD H&A") and its administrator Allianz Global Assistance ("Allianz") or its representatives benefits payment information relating to this claim.
- The information provided with respect to this claim will be used by TD H&A and its administrator Allianz or their representatives to investigate any losses, assess any entitlement to benefits and to administer this claim, and as otherwise indicated in the privacy terms available at td.com/privacy, or included with your credit card. We will investigate and administer this claim by consulting the insurer's existing files and by exchanging information with the undersigned and third parties, such as law enforcement, fire and emergency services departments, parties involved with any subrogation action, and other independent sources
- I authorize Allianz (including its representatives or affiliates) to disclose to TD H&A any information relating to this claim that it may have in its possession including information it obtains from third parties. I am aware that any authorization I provide to Allianz to obtain information about this claim from any third party is also an authorization for TD H&A to obtain copies of the information.
- I also authorize the Insurer, its reinsurers and its respective agents to exchange and/or transmit information concerning this claim to the organizations listed above as is necessary to evaluate this claim. This consent shall be valid during the continuation of such claim.
- I understand that if I am a dependant under this insurance coverage, the named insured will have access to information related to this claim in connection with the administration of this plan.
- I agree that a photocopy or facsimile of this authorization shall be valid as the original and that this authorization shall be considered valid for the duration of this claim, but not to exceed two years from the date it is signed. I understand information about me may be reviewed in the event that this plan is audited.

All required insurance, police, claim forms and reports must be provided to us before your claim can be processed.

If I am not the Insured:

• In providing this authorization to collect personal information about the Insured relating to this claim, I the undersigned do hereby certify that I have appropriate permission from the Insured to authorize the collection, use and disclosure of their personal information as authorized above and that the Insurer and its agents and reinsurers may rely and act upon my authorization.

Claimant _____ Signature of Claimant _____
(Print Last Name, First Name)

Date: _____
(Month, Day, Year)

Please note that photocopies and scanned images are acceptable. Original documents will not be returned upon completion of your claim.