

Following your car hire company issuing you with an excess charge due to damage caused by you, please complete the below form and email it to: <a href="mailto:specialist.claims@carcareplan.co.uk">specialist.claims@carcareplan.co.uk</a> (if you are disputing the damage please ensure your Credit Card provider has been notified as well as the Car Hire Company)

#### **Customer declaration and consent for recoveries**

- I declare that, to the best of my knowledge and belief, the answers given on this form and the documentation enclosed to support my claim are true and accurate. I understand that if I have knowingly made a false representation I may forfeit my right to any payment under this policy.
- I understand that the details of my claim may be shared with other insurers, regulatory bodies, fraud prevention agencies or other parties as permitted or required by law.
- I authorise the insurer, and Car Care Plan Limited acting on behalf of the insurer, to validate the claim and obtain details of any third parties who may be approached in relation to possible recoveries under this policy. I consent to the seeking of information from the Car Hire Company and other insurers to validate the answers I have provided and I authorise the giving of such information for such purposes.
- In the event that I receive any refund from the Car Hire Company, or a third party, following payment of a claim, I understand that this must be repaid to the insurer in accordance with the terms of the policy.
- I authorise the insurer, and Car Care Plan Limited acting on behalf of the insurer, to take any proceedings in my name which it deems appropriate to recover the amount of any claim paid to me under this policy. Any proceedings will be at the insurer's expense and any amounts recovered will be for the benefit of the insurer.

By signing this declaration, I am allowing the insurer, Car Care Plan Limited and its agents to process my claim using the information that I have provided. It may also respond to enquiries from the police concerning my policy or claim in the normal course of investigations. I understand that in the course of managing this claim the insurer, or Car Care Plan Limited, may disclose this data that I have supplied to other third parties such as a regulatory body, solicitor, loss adjuster, loss assessors or other insurers or re-insurers. The data will not be passed to any other parties, other than those disclosed on this form. The data I have supplied is up to date and, if I so request, the insurer and Car Care Plan Limited will let me know what information it holds and provide a copy in line with the Data Protection Act.

Policyholder's Signature		Date	
Policy Details			
Policy number			
Title	Full Name		
Full Postal Address			
ruli Fostal Address			
Date of Birth			
Landline Tel. No.		Mobile Tel. No.	
Fmail Address			

Vehicle and Hire Details			
Vehicle Reg No.			
Make			Model
Hired from			Hired to
(Date and time)			(Date and time)
Hire Company			
Hire Company Contact Details			
Hire Company Location			Country of Hire
Driver at the time of the	incident		
Driver at the time of the	incident		
Driving Licence No.			
Same as Policyholder?			
Title		Full Na	ame
Full Postal Address			
B			
Date of Birth			
Landline Tel. No.			Mobile Tel. No
Email Address			

Incident Details	
Date of incident	Time of incident
How did the damage occur?	
Location of incident	
Description of damage and location of the damage on the vehicle	
PLEASE ENSURE YO	OU PROVIDE ANY PHOTOGRAPHIC EVIDENCE OF THE DAMAGE AND THE INCIDENT WITH YOUR CLAIM FORM
Third Party Details (if ap Only complete this section if	plicable) a third party was involved
Title	Full Name
Title Address	Full Name
	Full Name
Address	Full Name
Address Telephone No.	
Address Telephone No. Email Address	

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to their property	
gage or Personal Effects, or claims for misfuellin	g or key cover
heft or damage to baggage or personal effects,	
	to their property  gage or Personal Effects, or claims for misfuelling

# **Witness Details** Please provide details of any witnesses **Police Involvement** Please supply a copy of the police report if available Were the Police/Highway Patrol Yes No □ involved? Police Department/Location: Police Reference: **Additional Information** Please provide any additional information relevant to you claim **Rental Excess Settlement Details** What was the maximum excess payable under your car hire agreement (please state the currency)? Actual Cost charged Currency

Method of Payment

Date Paid

Has any element of this payment been disputed with the Car Hire Company?  If yes please state the amount and reason for dispute. Please attach any relevant correspondence with your Car Hire Company.								
Has any element of this payment been refunded by the Car Hire Company?  If yes please state the amount and when								
If the damage or leve	el of costs has been dispu	ted, has your Credit Card provider been notified? Yes/No	)					
Your Bank Details f	or Reimbursement							
Name of Bank		Name on Account						
01 01.		A constant News hour						
Sort Code		Account Number						
For non UK bank Pa	yments only: IBAN							
Please Note: We are only able to reimburse to a bank account held in your name in your country of residence)								
Appointed Represe	ntatives							
		nother person about your claim, please provide their details:						
Relationship								
Title	Full	Name						
Email Address								
Full Postal Address								
Date of Birth								
Landline Tel. No.		Mobile Tel. No.						

# Checklist of what you must return

Please scan and email the below items to specialist.claims@carcareplan.co.uk

- ✓ Claim form (this form)
- ✓ Your Credit Card statement showing payment of the damages claimed
- √ Your Excess Insurance Certificate
- √ Your Car Hire Agreement
- √ The receipt for car hire
- ✓ Copy of Driving Licence
- ✓ Any photographs of the vehicle showing the damage (and before the damage if available)
- ✓ Documentation from the Car Hire Company confirming the amount you have been charged in respect of the damage
- √ Police report (if applicable)
- ✓ Any additional information you wish to enclose to substantiate your claim
- √ Your bank sort code and account details (included on this form)

Our preferred method of contact is by email, however, if you are unable to email documentation, please post documents to the address below. **Please note**, the insurer or administrator do not accept responsibility for any documentation not received by the organisation.

## From the United Kingdom please post to:

The Specialist Claims Team, Car Care Plan Limited, 5 Mid Point Business Park, Thornbury, West Yorkshire BD3 7AG

## From the Republic of Ireland please post to:

The Specialist Claims Team, Car Care Plan Limited, AA3867, PO Box 6151, Dublin 2.

Should you need to discuss your claim you can call us on 0344 573 8240 in the UK or 017752999 in the Republic of Ireland