

AXA Collision Damage Waiver

Claim Form & Claimant's Statement

Dear AXA Customer,

Thank you for notifying AXA Assistance USA of your recent request to register a travel insurance claim. Please find a claim form for completion enclosed. In addition, the following information is needed to process your claim.

- Completed claim form
- Policy Verification
- Booking confirmation (E-ticket, proof of purchase of cruise tickets, train passes, etc)
- Copy of itemized repair bill imposed by the rental car agency
- Receipts detailing costs paid by you
- Police report detailing the events of the accident
- Copy of rental agreement
- Copy of loss report to the rental car agency
- Proof that you declined the rental car agency's insurance coverage
- Copies of other parties' insurance card (s)
- Copy of driver's license

Please send the completed forms, your itemized bills, all supporting documents, and a detailed explanation for submitting the claim. We recommend that you keep the originals for your records and send all copies to the following address:

AXA Assistance USA
On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies
P.O. Box 26222
Tampa, FL 33623

Claims may also be emailed to AXAclaims@cbpinsurance.com. Once your claim form and all documents are received, your claim will be processed by AXA Assistance USA within 30 days.

Our claims office is available MTWF 8:30am-5pm ET and TH 9:30am-5pm ET. Should you have any questions, please contact us at (888) 957-5015 or AXAclaims@cbpinsurance.com. To expedite your inquiry, please have your policy number available.

Sincerely,

AXA Assistance USA

The Silver, Gold and Platinum plans are underwritten by Nationwide Mutual Insurance Company and Affiliated Companies, Columbus, Ohio. The Adventure Travel Product is underwritten by United States Fire Insurance Company (NAIC #21113) under policy form series T210. Travel insurance plans are administered by AXA Assistance USA, Inc. (in California, doing business as AXA Assistance Administrators, License Number 0H74893).

PARTICIPANT'S INFORMATION:

Plan Number and/or Name: _____

E-mail Address: _____ Home Phone #: (_____) _____

Work Phone: (_____) _____ Cell #: (_____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

CAR RENTAL INSURANCE CLAIM CHECK LIST

To facilitate review of your claim, please complete the form as indicated and provide the following documentation as it applies to your situation (please utilize the checklist to assist you in this effort):

- ✓ Copy of the rental car agreement you signed with the rental car company
- ✓ Police Report
- ✓ A copy of the rental car company's accident report
- ✓ A copy of the final bill from the auto body repair shop and/or rental car company
- ✓ Please do not highlight any documents, as the highlighted material cannot be read on our system
- ✓ Please advise if you wish to be contacted via e-mail or regular mail: _____

LOSS INFORMATION:

Date of Loss: ____/____/____

Please describe what occurred: _____

Name of Driver at time of Accident: _____

Relationship of Driver to the Insured: _____

Do you have any other Insurance that has already provided coverage for this incident? _____

If Yes, please identify name, address and policy number of all other insurance including personal or commercial auto, travel club, credit card loss of collision damage waiver coverage, etc.: _____

If Yes, what is the current status of that claim? _____

I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 2 of this document.

Signature

Date

CLAIM INSTRUCTIONS:

Send this form and any accompanying documentation to:
AXA Assistance USA
On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies
P.O. Box 26222
Tampa, FL 33623

Or, E-mail your information to: AXAClaims@cbpinsure.com

Phone: 888-957-5015 / 727-412-7377

CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.

I HAVE READ AND AGREE TO THE [TERMS AND CONDITIONS](#) OF THE ELECTRONIC DELIVERY*

I ACCEPT _____ (please write in YES OR NO)

Please confirm the preferred Email address in clear print below:

ENTER Email Address Here:

***CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE, OR DOWNLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

FRAUD STATEMENTS – If you reside in the state of:

General: 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.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Missouri: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

All Other States: 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/or civil penalties.