

CLAIM FORM

Protection for Drivers and Passengers of Europcar Vehicles PAI / SPAI - Europcar International

PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK AND ENSURE YOU SIGN THE DECLARATION ON THIS FORM.

Thank you for notifying us of your claim, please complete all required questions in full and return it as soon as possible (according to your policy) by email or post to

TSM Assistance
c/o AXA Corporate Solutions
Service Sinistres Assurances Europcar AXA CS
2 cours de Rive - 1204 Genève – SUISSE
Or by email to
europcar.axaclaimservices@tsm-assistance.com
Phone + 41 22 819 44 58

Policyholder **EUROPCAR International**

Policy number

<input type="checkbox"/>	PAI	XFR0078448GP
<input type="checkbox"/>	SPAI	XFR0078449GP

Insured person

Name and Surname _____

Address _____

Post code/ Town _____

Telephone number _____

Email _____

Information on the claim or accident

Date and time of the claim or accident _____

Place of the claim or accident _____

Description of the claim or accident

- Accidental Death
- Accidental Permanent Disablement
- Medical expenses
- Baggage

Supporting documents to be provided

Please attach supporting document to the actual claim form and check the corresponding box:

- Copy of the rental agreement for the vehicle hired by the Insured from Europcar**
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Personal Data Protection

The insurer is responsible for your personal data gathered in his form.

All the answers are compulsory and necessary for processing your claim and for the enforcement of the contract terms & conditions.

Medical data is exclusively intended for the use by the Medical Officer of the company and other authorized internal or external authorized professionals (including Medical experts).

According to the regulation "Informatiques et Libertés" (data protection), you are entitled to consult, correct or erase your personal data or information for legitimate reasons.

You may exercise this right, by sending a written request (accompanied by a copy of your identification document) to AXA Corporate Solutions or to the Medical Officer of the company if specifically relating to medical information.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct

Place, Date

Signature (insured representative)

Checklist

Please return the completed claim form to Insure to europcar.axaclaimservices@tsm-assistance.com or post (address noted on the first page) and please ensure:

- You have completed ALL the relevant questions on this claim form
 You have enclosed all requested information/documentation
 You have signed this claim form

As failure to do so will result in delay in handling your claim.

Thank you for fully completing this Form