

CLAIM FORM

Protection for Drivers and Passengers of Europcar Vehicles PAI / SPAI - EUROPCAR MOBILITY GROUP

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

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

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

Policyholder **EUROPCAR MOBILITY GROUP**

Policy number

- PAI FR00040938MO
 SPAI FR00040937MO

Insured person

Name and Surname _____

Address _____

Post code/ Town _____

Telephone number _____

E-mail _____

Information about the claim or accident

Date and time of the claim or accident _____

Place of the claim or accident _____

Description of the claim or accident

- Baggage
 Medical expenses
 Accidental Permanent Disablement
 Accidental Death
- _____

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 XL Insurance 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

