

Dear Vehicle Renter or Owner,

Please complete and sign the attached claim form. Additionally, the following items are needed in order to process your claim in the most efficient and expedient way possible.

What you should provide

- The claim form completed in its entirety including guest's contact information;
- Pictures/police reports/etc. substantiating the loss;
- Original purchase price and date of damaged item(s). Please also include the original receipt/invoice if available;
- The repair/replacement invoice, receipt, or estimate;
- If applicable, statement(s) of no repair for damaged item(s);
- A copy of the signed lease agreement;
- Please note: if you are emailing your claim, our system does not accept files over 10MB in size.

**EACH PARTY MAKING A CLAIM MUST SIGN THE COMPLETED CLAIM FORM.**

Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are medically or legally incapacitated.

Thank you. Should you have any questions, please call us at (800) 541-3522.

# RECREATIONAL VEHICLE RENTAL DAMAGE CLAIM FORM



## SECTION 1 (Required Information) - We reserve the right to contact all parties involved in the event of a claim investigation

NAME OF GUEST/TENANT		POLICY NUMBER		HOME/CELL PHONE	
BUSINESS PHONE		EMAIL ADDRESS			
MAILING ADDRESS			CITY	STATE	ZIP CODE

### DESCRIPTION OF LOSS

PROVIDE THE DATE OF THE INCIDENT, DETAILED DESCRIPTION OF HOW THE LOSS OCCURRED, & ITEMS DAMAGED

## SECTION 2 (Required Information) - We reserve the right to contact all parties involved in the event of a claim investigation

VEHICLE OWNER/MANAGER NAME		PROPERTY ADDRESS		CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		CHECK-IN & CHECK-OUT DATE	PROPERTY ID	
RV YEAR	RV MAKE & MODEL			RV VIN NUMBER		
VEHICLE OWNER MAILING ADDRESS (THIS IS WHERE THE CHECK WILL BE SENT IF THE CLAIM IS PAYABLE)						

### DETAILS OF LOSS

DATE OF REPORT & TO WHOM WAS THE INCIDENT REPORTED?		DESCRIBE THE INCIDENT THAT CAUSED THE DAMAGE	
IS THE LOSS THEFT RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, you are required to fill out a police report and submit a copy with this claim.		CAN THE DAMAGE BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please fill out the table below and provide the repair estimate and/or invoice. If NO, please fill out the table below and provide the replacement estimate and/or invoice.	

## SECTION 3: Description of Items and Amounts Claimed

DESCRIPTION - PLEASE INCLUDE MANUFACTURER, MODEL, AND SERIAL NUMBER	ORIGINAL PURCHASE PRICE	REPAIR/REPLACE MATERIAL COST	REPAIR/REPLACE LABOR COST
Notice: If you have more items, please attach separate sheet			<b>TOTAL AMOUNT CLAIMED</b> (including additional items if attached)

# RECREATIONAL VEHICLE RENTAL DAMAGE CLAIM FORM



## SECTION 4: (PLEASE READ THE NOTICE BELOW & SIGN)

### FRAUD WARNINGS AND DISCLOSURES

**Arizona:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Alaska, Minnesota, New Hampshire:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arkansas, Louisiana, New Mexico, Texas, West Virginia:** 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 civil fines and criminal penalties.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Maine, Virginia, Tennessee, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Delaware, Idaho, Indiana:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false or misleading information is guilty of a felony.

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

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Oklahoma:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kentucky, 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.

**Kansas:** 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 may be guilty of insurance fraud as determined by a court of law.

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

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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 violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon:** Any person who knowingly and with intent to defraud, files a claim for benefits may be guilty of insurance fraud and may be subject to prosecution.

By checking this box, I/we, the Vehicle Owner/Manager(s), agree that my/our electronic signature(s) shall be the legal equivalent of my/our manual signature(s) on the document. I/we, the Vehicle Owner/Manager(s), attest that all the statements in this document are true and complete to the best of my/our knowledge. I/we authorize Generali Global Assistance to contact me/us or anyone else involved in this matter, to verify whether or not this loss occurred. I/we further authorize Generali Global Assistance to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to Generali U.S. Branch, Generali Assicurazioni Generali S.p.A. (U.S. Branch), Assicurazioni Generali - U.S. Branch, Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice, The General Insurance Company of Trieste and Venice - U.S. Branch, insurance support organizations, fraud information clearinghouses, designated service providers and business associates assisting in the processing of the claim.

Upon submission, please be advised that your guest may be notified that a claim has been filed against his or her plan. Depending upon the nature of the claim, we may require the guest's involvement during the claim investigation.

VEHICLE OWNER/MANAGER

PRINT NAME

DATE

### VEHICLE OWNER/MANAGER: PLEASE REMEMBER TO SUBMIT THE FOLLOWING WITH THE CLAIM FORM:

- FOR THEFT CLAIMS, A COPY OF THE POLICE REPORT
- PHOTOGRAPHS OF THE PROPERTY DAMAGE
- REPAIR ESTIMATES PROVIDED BY THE OWNER
- ORIGINAL PURCHASE RECEIPTS OR ESTIMATES
- REPLACEMENT RECEIPTS PROVIDED BY THE OWNER
- A COPY OF THE PROPERTY/LEASE AGREEMENT

You may also submit your completed form to GGA by fax: (877) 300-8670 or mail: Generali Global Assistance  
P.O. Box 939057  
San Diego, CA 92193

**Questions?** Call Generali Global Assistance at (800) 541-3522 or e-mail: [claims@generalitravelinsurance.com](mailto:claims@generalitravelinsurance.com)