



Collision Damage Claim Form



Claims Department:

Red Sky Claims, C/O Arch Insurance Company
Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031 United States

Toll Free Phone: (844) 800-2486 | **Fax:** (443) 279-2901 | **E-mail:** redsky@archinsurance.com

Any person who knowingly presents a false or fraudulent claim for payment of 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.



Claims Submission Checklist

To avoid delays in processing your claim, you must provide the following information.

- ✓ Answer all questions on both pages of this form.
- ✓ Provide a copy of the following documents:
 - Initial and final auto rental agreement(s)
 - Repair estimate or itemized repair bill
 - Two photographs of the damaged vehicle, if available
 - Copy of police report
 - Damage report submitted to your rental company
 - Copy of credit card statement used to rent the vehicle
 - Copy of driver's license
 - Proof of payment of auto repairs
- ✓ Mail the completed form along with all documentation to the address shown above.

To be completed by Insured / Guest

Name of Insured / Guest		DOB (mm/dd/yy)	Plan / Policy #
Address of Insured / Guest		Home Phone #	Alternative Phone #
Insured / Guest's E-mail Address			
Trip Departure Date		Trip Return Date	
Name of Person Driving Rental Vehicle			Is this person listed on the Rental Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Loss	Time of Loss <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location (City, State, Country)	
Name of Rental Company		Name of Rental Company Contact	
Address of Rental Company		Rental Company Phone #	
		Rental Vehicle Year, Make and Model	
Do you have any other insurance that may provide coverage for this claim (auto, travel insurance, credit card)? If yes, please provide company name, phone #, and policy #.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of driver's auto insurance company, policy # and phone #			
Were the police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the police department and phone number.			
Was an accident report made with the rental company? If not, please file a report immediately. <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of leaseholder on the rental property	
List all guests occupying the property.			



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<i>Describe below how the damage occurred to the vehicle.</i>	<i>Diagram of Accident</i>
	In the Diagram show the exact relationship of roadways and vehicles at the time of the accident. Mark all other vehicles as #2, #3, etc. Please indicate North with an arrow.
Who do you think was at fault for the accident?	Was any cited by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?

Witness/ Passenger Information		
(a) Name of Witness / Passenger	Address	Phone #
(b) Name of Witness / Passenger	Address	Phone #
(c) Name of Witness / Passenger	Address	Phone #

Other Drivers Involved			
Vehicle #2 Driver's Name	Address	Phone #	
Insurance Company		Policy #	Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle #3 Driver's Name	Address	Phone #	
Insurance Company		Policy #	Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law. I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Insured / Guest

Date

Trip Preserver Product is Underwritten by Arch Insurance Company.