

Schalberg.com, LLC Auto Rental Solutions

Claims Check List and Cover Sheet

Customer's Name _____

Address _____

City _____ State _____ Zip _____

Car Number _____ Date of Loss _____ Date Submitted _____

Be sure that you have a complete claims packet when you submit a claim to National Interstate Insurance Company. When reporting your claim, please include as much information as possible. The more information supplied, the better they can serve you.

The following is a list of items that you need to include with every claim packet before submission:

- Police Report or Incident Report
- Signed Accident Report
- Original Rental Agreement
- Appraisal of Damage or Completed Repair Order
- Signed Direction to Pay
- Copy of the Description of Coverage (Brochure)

Once the package is complete, send the entire package along with this coversheet to;

1. **First Option: email the complete packet to claims@corporateclaims.net**
2. **Second Option: fax the complete packet to 267-332-0841**
3. **Third Option: mail the complete packet to:**
Corporate Claims
3220 Tillman Drive, Suite
505, Bensalem, PA 19020.

If you need assistance to fill out your claim packet, call Auto Rental Solutions at 800-396-9128 or email jim@schalberg.com.

DIRECTION TO PAY

Corporate Claims Service
One Greenwood Square
3333 Street Road, Suite 305
Bensalem, PA 19020

Date: _____

Dear Sir/Madam:

This letter is my authorization to

pay _____ for any and all
damages done to rental car number _____, on
contract number _____ up to the
limits of my policy number _____. I understand
that the RCP insurance is in my (our) name, and I (we) agree to
cooperate fully with all requests from the insurance company. If for
some reason the insurance company does not pay within 90 days, I
agree to pay for all damages to the rental vehicle in full, and I will
look to the insurance company for reimbursement.

Sincerely,

Driver's signature _____

Printed name _____ Date _____

Additional Driver's signature _____

Printed name _____ Date _____

Corporate Claims Service, Inc.

Renter's Collision Protection Loss Report

Policy Information		
Renter's Name (Policy Owner)	Policy Number	Policy Period
Street Address	City State and Zip	Phone
Additional Renter's Name	Relationship to Policy Owner	Driving at the time of the loss? Yes No
Street Address	City State and Zip	Phone
Rental Location	Contact Person	When to Contact
Date and Time of Loss	Location	Police or Incident Report Number
Insured Vehicle		
Year Make and Model	Plate Number & Unit Number	VIN
Witness' Names	Address, State and Zip	Phone
Additional Witness		
Description of the Accident		
Description of the Damage to the Rental Car		

I hereby certify that the above statements are true and correct to the best of my knowledge and belief and understand that making false statements on an insurance claim can result in a conviction, punishable by fines, jail time up to one year, community service and or probation.

Renter's signature

Rental agent's signature