

Section A - Claimant's Information (Please print)

Last Name		First Name		Initials
Date of Birth ____ / ____ / ____ (M/D/Y)		<input type="radio"/> Female <input type="radio"/> Male		
Home Address (Number & Street)				
City		Province		Postal Code
Phone Number			Alternate Phone Number	
Email		Preferred Method of Communication (check all that apply) <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Mail		

Section B - Claim Summary

Claiming for: <input type="radio"/> Accident involving another vehicle <input type="radio"/> Collision <input type="radio"/> Damage <input type="radio"/> Theft			Use of Rental Vehicle: <input type="radio"/> Business <input type="radio"/> Pleasure	
Travel Destination		Rental Start Date: ____ / ____ / ____ (M/D/Y)	Rental Return Date: ____ / ____ / ____ (M/D/Y)	

Rental Vehicle Agency Information

Name of Vehicle Rental Agency	
Address	
Email Address	Phone Number

Section C - Description of the Loss
Please provide us with the following information regarding the rental vehicle

Date of Incident: ____ / ____ / ____ (M/D/Y)		Place of Incident (City, Province / State, Country)	
Describe the details of the incident			
Name of Driver (at time of incident):		Relationship of Driver to the Policyholder	
Vehicle Make / Model / Year			
Who was at fault? <input type="radio"/> Policyholder <input type="radio"/> Other Party <input type="radio"/> Both		Did police charge anyone involved in the accident? <input type="radio"/> No <input type="radio"/> Yes	Police/Incident Report Number:

Please provide us with the following information if this vehicle was damaged as a result of a collision with another vehicle

Vehicle Owner			
Home Address (Number, Street)			
City		Province	Postal Code
Other Vehicle Owner's Insurance			
Address (Number, Street)			
City		Province	Postal code
Insurance Policy No.		Claim No.	Vehicle License Plate
Vehicle Make / Model / Year			Province/State of Registration

 If the Other Vehicle Owner was not the driver, provide the name and address of the driver:

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Section D - Other Insurance Coverage

This insurance pays eligible expenses in excess of those covered by any other insurance. If, at the time of loss, you have similar coverage with another provider (i.e. credit card, travel insurer, employment group plan, etc.), we will coordinate benefits in accordance with the CLHIA guidelines.

Do you and/or your spouse or child have other travel insurance benefits? No Yes If yes, please complete the following sections that apply


Employer, Retiree, Other Group Plan	Name of the Insurance company	Policy No.
Credit Card Coverage	Issuing Bank	Card No. (First 6 Last 4 digits)
Other Coverage	Name of the Insurance company	Policy No.

If you have claimed with any other insurer, please provide your claim number and attach a copy of the settlement.

Section E - Declaration / Authorization / Signature

- The Insurer, its Agents and Administrators are obliged to collect and retain certain personal information and/or health information about you in connection with your insurance coverage. They use and disclose that information only for the purposes of administering your policy/policies of insurance, providing customer service and assessing and paying claims.
- I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents received regarding this claim have concealed or misrepresented any fact or circumstances concerning this claim.
- I hereby consent to the use by Orion, its Agents and Administrators of the personal and health information about me disclosed herein and in all documents or information provided in connection with my policy of insurance for the purposes cited above. This consent is effective for one year from the date of services provided and I may revoke this consent in writing at any time by advising Global Excel.
- I authorize Orion Travel Insurance Company and Global Excel, to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Orion Travel Insurance Company and Global Excel, to make any payments, receive payments and settle with other carriers on my behalf.
- Attention to Travel Service Providers: I hereby authorize and direct that you release to Orion Travel Insurance Company or its representative any and all information you have regarding my travels or use of your travel services for the purpose of determining my eligibility for coverage and or for benefits under my Orion Travel Insurance Policy.
- A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed one year from date signed.
- I authorize Global Excel Management (Global Excel) to deposit all personal claim payments directly to the account indicated on this form.

Insured Name: _____

Insured Signature:  _____ **Date** ____ / ____ / ____ (M/D/Y)

