



Odyssey Group Limited
Head Office
68 Athol Street
Douglas
Isle of Man, IM1 1QQ
Phone: (+44) 0208 1233981
www.odyssey.co.im

Isle of Man Assurance Limited

Rental Vehicle Excess Reimbursement Insurance Claim Form

No liability is admitted by the Insurer by the issue of this claim form

Within 30 days of any accident, incident or event which may give rise to a claim, please fully complete, sign and date this claim form and return it with all supporting documentation – see Checklist below – by email, fax or post to:

Isle of Man Assurance Limited
IOMA House
Hope Street
Douglas
Isle of Man
IM1 1AP

The office hours of Isle of Man Assurance Limited are 9.00am – 5.00pm GMT, Monday to Friday

Telephone No +44 (0) 1624 681200
Fax No +44 (0) 1624 681397
Email odyssey@ioma.co.im

1. ABOUT YOU

a) Full Name:

b) Address:

Postcode:

Telephone: Daytime:
Evening:

Fax:
Email:

c) Occupation:

d) Date of birth:

e) ODYSSEY Policy No:



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2. ABOUT THE RENTAL VEHICLE

- a) Vehicle Registration:
- b) Make & Model:
- c) Rental Company Name:

- d) Location of Rental:
- e) Period of Rental:

3. ABOUT THE INCIDENT

- a) Details of the driver (if not you):
Name:
Address:

Post Code:

Date of Birth:

Type of Licence held:

Provisional/Full

If not Full please advise restrictions

Date passed test:

- b) Time and date of incident
- c) Where did the incident occur?
- d) Details of Incident
- e) Nature of damage

- f) Was a third party involved?

Yes – Please complete Section 4.
below

No – Please go to Section 5.

4. ABOUT THE THIRD PARTY

- a) Full name of Driver
- b) Address of Driver

Post Code



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Telephone No

Email address

- c) Name and address of Third Party's Insurance Company**

Telephone No

- d) Policy No**
- e) Who was at fault?**
- f) Details of damage to Third Party**
- g) Details of Third Party's injuries**

5. POLICE/LAW ENFORCEMENT

- a) Was the incident reported to the police/local law enforcement agency?**
- b) Name of officer**
- c) Police/law enforcement office address**
- d) Incident/Crime reference number**

6. DETAILS OF WITNESSES

- a) Names and Addresses**



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7. OTHER INSURANCES

- a) Have you previously been insured for losses of this nature? **If so, please provide particulars**
- b) Do you hold any other insurance policies which cover this incident? **Eg Travel**

8. AMOUNT BEING CLAIMED

- a) Amount you are being held responsible for by the Vehicle Rental Outlet **Please attach copy letter or invoice**
- b) Have they or the third party agreed to pay this amount through their insurance? **If so, please provide particulars**
- c) Have you paid the Vehicle Rental Outlet? **If so, please advise amount, date and method of payment**
- Was this payment in full settlement of the amount the Vehicle Rental Outlet is holding you responsible for?**

9. DECLARATION

I hereby declare the particulars and statements to be true in every respect and that I have withheld no information relative to the occurrence or claim and my permission is given to the Insurers to contact any other party mentioned on this form.

Signature _____

Date _____

Supporting documentation checklist

(to be returned with your fully completed, signed and dated claim form)

1. Copy of your Odyssey policy.
2. Copy of the Vehicle Rental Agreement.
3. A copy of your Charge Receipt (if separate from the Vehicle Rental Agreement)



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4. If the incident by law requires the attendance of the Police/local law enforcement agency, we require a copy of the Police Report/Law Enforcement Report.
5. Renter's copy of the Vehicle Rental Outlet's accident damage report.
6. Invoices/receipts/other documents confirming the amount you have paid in respect of loss or damage and which the Vehicle Rental Outlet holds you responsible.
7. Copy of your credit card statement showing payment of the damages claimed.
8. Copy of the driving licence of the person driving the rented vehicle involved in the accident (the driver).
9. Isle of Man Assurance Limited will issue a cheque to you in settlement of your claim unless you request payment by bank transfer.

If you would prefer payment by bank transfer please advise the

- Name and address of your bank
- Bank Sort Code Number
- Name of the account holder
- Account Number
- IBAN Code (if account not held by a UK based bank)

10. If you are claiming for **DROP OFF CHARGES:-**
 - (i) Copy of the Medical Report and/or invoice for hospital charges , and
 - (ii) Copy of the Rental Outlet invoice showing the drop of charges
11. If you are claiming for **VEHICLE RENTAL KEY or LOCK OUT CHARGES:-**
Copy of locksmith's invoice
12. If you are claiming for
RESTITUTION OF HOLIDAY:-
 - (i) Copy of Rental Vehicle booking, and
 - (ii) Copy of Medical Report or Certificate**EMERGENCY FUNDS:-**
 - (i) Copy of police/law enforcement report, and
 - (ii) Public transport tickets and/or invoices and/or receipts and/or Accommodation invoices and/or receipts.

FAILURE TO FOLLOW THESE STEPS MAY JEOPARDISE THE REIMBURSEMENT OF YOUR COSTS

CONFIDENTIALITY AND DATA PROTECTION

All information about you of a sensitive or personal nature will be treated as private and confidential. We will however use and disclose the information we have about you in the course of arranging, placing and administering your insurance. This may involve passing information about you to insurers, other intermediaries and other third parties involved (directly or indirectly) in your insurance.

In the interests of security and to improve our service, telephone calls you make to us may be monitored and/or recorded.