

# HTH Travel Insurance - Collision Damage Waiver

## Claim Form & Claimant's Statement

### PARTICIPANT'S INFORMATION:

Plan Number and/or Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### CAR RENTAL INSURANCE CLAIM CHECK LIST

To facilitate review of your claim, please complete the form as indicated and provide the following documentation as it applies to your situation (please utilize the checklist to assist you in this effort):

- ✓ Copy of the rental car agreement you signed with the rental car company
- ✓ Police Report
- ✓ A copy of the rental car company's accident report
- ✓ A copy of the final bill from the auto body repair shop and/or rental car company
- ✓ Please do not highlight any documents, as the highlighted material cannot be read on our system
- ✓ Please advise if you wish to be contacted via e-mail or regular mail: \_\_\_\_\_

### LOSS INFORMATION:

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe what occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Driver at time of Accident: \_\_\_\_\_

Relationship of Driver to the Insured: \_\_\_\_\_

Do you have any other Insurance that has already provided coverage for this incident? \_\_\_\_\_

If Yes, please identify name, address and policy number of all other insurance including personal or commercial auto, travel club, credit card loss of collision damage waiver coverage, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If Yes, what is the current status of that claim? \_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 2 of this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLAIM INSTRUCTIONS:**

Send this form and any accompanying documentation to:

HTH Travel Insurance

On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies  
P.O. Box 26222

Tampa, FL 33623

Or online: CBPConnect.com - Report A Claim

Or, E-mail your information to: NWTravClaims@cbpinsure.com

Phone: 888-957-5009 / 727-412-7377

To view the Nationwide Privacy Statement and/or Notice of Privacy Policy, click the links below

**Privacy Statement**

[http://policydocuments.tpaproducts.com/Nationwide/HIPAA\\_Notice\\_of\\_Privacy\\_Practices\\_CBP.rev020322.pdf](http://policydocuments.tpaproducts.com/Nationwide/HIPAA_Notice_of_Privacy_Practices_CBP.rev020322.pdf)

**Privacy Policy**

[http://policydocuments.tpaproducts.com/Nationwide/NH\\_0453\\_A1.CBP.rev020322.pdf](http://policydocuments.tpaproducts.com/Nationwide/NH_0453_A1.CBP.rev020322.pdf)

**CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY**

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

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**EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:**

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.**

**I HAVE READ AND AGREE TO THE [TERMS AND CONDITIONS](#) OF THE ELECTRONIC DELIVERY\***

**I ACCEPT \_\_\_\_\_ (please write in YES OR NO)**

**Please confirm the preferred Email address in clear print below:**

**ENTER Email Address Here:**

\*\*\*\*\*

**\*CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE,  
OR DOWLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

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## FRAUD STATEMENTS – If you reside in the state of:

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

**District of Columbia:** 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 fines and confinement in prison.

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

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Louisiana:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**Missouri:** An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

**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 such violation.

**New Hampshire:**

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**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.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

**Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law."

**All Other States:** 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/or civil penalties.