

PERSONAL EFFECTS

CLAIM FORM

Instructions for Completion of Claim Form

- Complete Form
- Attach Copy of Rental Agreement
- Attach Copy of Police Report (where applicable)
- Complete List of Items Damaged or Lost (attach list with additional items if applicable)
- Attach Appropriate Documentation (bills, receipts, cancelled checks)
- **Mail all listed above to:**

ESIS
Attn Frank Orr, PO Box 6562
Scranton, PA 18505

HERTZ CLAIMS USE ONLY

RENTAL OFFICE USE ONLY

Make and License No. of Rented Vehicle

Owning City

Rental Agreement No.

Renting City

Rental Agreement No.

Is Rental Location:

Corporate

Licensee

Name of Customer Who Signed RA:

Renter:

Full Name	Date of Report	Date of Loss	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Address	Home Telephone No.	Loss Occurred at:	
City State	Business Telephone No.		
Rental Agreement No.	Date of Rental	Where Rented	Vehicle No.

Claimant:

Full Name	Claimant Is <input type="checkbox"/> Renter <input type="checkbox"/> Member of Renter's Family		
Address	Telephone No.		
State How Loss Occurred			
Police Report Filed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Agency Where Report Filed	Report No. Copy Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Claimant		Date	Estimated Amount of Damages \$

Items Damaged or Lost

Description	Quantity	Purchase Price	Date and Place of Purchase	Receipt Attached