

## 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)
- Copy of the Policy Receipt

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

- 1. First Option: email to [claims@corporateclaims.net](mailto:claims@corporateclaims.net)**
- 2. Second Option: fax to 267-332-0841**
- 3. Third Option: mail to Corporate Claims Service  
One Greenwood Square  
3333 Street Rd, Suite 305  
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](mailto: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 \_\_\_\_\_.

Sincerely,

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

# Corporate Claims Service, Inc.

## Renter's Collision Protection Loss Report

<b>Policy Information</b>		
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
<b>Insured Vehicle</b>		
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