

Claim Form

General Information

Contact Information	
Name of insured:	Social Security Number
Date of birth:	Home telephone: ()
Place of birth:	Work telephone: ()
	E-mail address:@
Home Address	Mailing Address, if different from Home Address
Street:	Street:
City: State: Zip Code:	City: State: Zip Code:
Preferred method of contact: Mail E-mail	Home Phone ☐ Work Phone ☐
Plan Information	Trip Information
Confirmation/Policy ID #:	Departure date:
or Product ID #:	Return date:
<u>or</u> Group #:	Original destination:
or Company ID #:	Travel agency name:
or Membership #:	Date of initial trip deposit/payment: / /
	Agent's name:
	Agent's phone number: ()
	Agent's e-mail address:@
Traveling Companions (please indicate name and relationship to you)	
1	
2	3 4
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Claim Information	
Reason for filing this claim (short description)	Date incident occurred: / / / Do you have other insurance that may cover this event?
	Yes ☐ No ☐
	If Yes, then please provide the name of the insurance company

E-mail to: claimsinquiry@accessamerica.com

Mail to: ACCESS AMERICA, P.O. BOX 72031, RICHMOND, VA 23255-2031

Call: 800-334-7525 Fax to: 804-673-1469

We are available 24 hours a day.



Vehicle Return

Sickness / Injury	Transport expenses paid: \$
Reason for claim: Vehicle theft Date / /	Amount you are claiming with Access America \$
Please briefly describe what happened:	
Name of transport company:	Name of insurance company:
Phone #: ()	Policy#:
	Phone #: ()
Please provide all supporting documentation: original bill for transport expensescopy of the vehicle registration or title	If filing because of vehicle theft, please also provide: reports filed with police and/or local authoritiesprimary insurer declaration page
PLEASE READ AND SIGN THIS FORM. FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR CLAIM.	
FRAUD WARNING : Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, who files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.	
ALASKA FRAUD WARNING: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.	
CALIFORNIA FRAUD WARNING: 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.	
PENNSYLVANIA FRAUD WARNING: 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.	
AUTHORIZATION	
I authorize any insurance company, travel organization, or any other person or entity to release information regarding this claim. I understand that this information will be used by World Access Service Corp., claim administrator, or its authorized representatives for the purpose of evaluating and determining coverage for this claim.	
By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.	
Signature:	Date Signed://
Print Name:	

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