FlexPerks Travel Retail Protection Claim Form

Claim Number _____

Carefully review the information printed below and make any necessary corrections. Please complete any sections that are currently blank and remember to sign and date your claim form.

PART I - CARDMEMBER INFORMATION

Credit Card Number _____

First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

_____ Work Phone _____

City _____ State _____ Zip Code _____ Fax Number _____

Email Address _____ Social Security # _____

PART II – THEFT OR DAMAGE INFORMATION

Date of Loss ____/_____/_____ Was the item ☐ Stolen ☐ Damaged

What is the item? _____

Please describe the circumstances of the theft or damage. _____

_____

Date report filed with Law Enforcement (if applicable) ____/_____/_____

Please provide the following:

Name of Agency _____ Phone Number _____

Address _____

Report Number _____ **A copy of the Police/Security Report must be provided with your claim form if item was stolen.**

If item is damaged, is it repairable? ☐ Yes ☐ No

If Yes, attach a copy of the repair estimate. **If No,** attach a copy of the repair estimate and/or photograph of the damage.

Please do not discard the item. It may need to be sent in as salvage after your claim has been fully reviewed. If the item is not available, we may not be able to pay your claim.

PART III – OTHER INSURANCE INFORMATION (This section must be completed.)

Please complete this section with the requested information OR "Yes, No, or None". N/A is NOT ACCEPTABLE.

Homeowner's/Renter's Insurance Company _____

Agent Name _____ Policy # _____ Phone _____ Deductible _____

Business Insurance Company _____

Agent Name _____ Policy # _____ Phone _____ Deductible _____

Other Insurance Company (if applicable) _____

Agent Name _____ Policy # _____ Phone _____ Deductible _____

Was this theft/damage reported to an insurance company? ☐ Yes ☐ No Company Name _____

Have you made a claim before under this program? ☐ Yes ☐ No When? _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS CLAIM FORM

Any fraudulent act by any person with intent to defraud any insurance company or other persons by filing a statement containing any misleading or false information will result in the denial of the claim and may be subject to civil penalties and criminal prosecution. This Claim Form must be complete and all required documentation must be submitted and filed before any claim under the program can be processed and paid.

THE CLAIM INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

By signing below, I authorize Virginia Surety Company, Inc., TWG Innovative Solutions, and all their authorized representatives to verify all information and documentation provided by me and contained in this Claim Form. This Claim Form does not waive any condition or use of the master policy. I also acknowledge that I have read the enclosed explanation of forms and have reviewed the Evidence of Coverage.

State of Washington residents only: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Signature_____ **Date** ____/_____/_____

REMINDER

PLEASE KEEP COPIES OF ALL DOCUMENTATION SUBMITTED TO TWG INNOVATIVE SOLUTIONS AND INCLUDE THE CLAIM NUMBER ON ALL DOCUMENTS.

When completing the Retail Protection Claim Form, please check that you have:

- ✓ Verified and completed all requested Cardmember information on the claim form.
- ✓ **Provided readable receipts. Copies of required documentation are acceptable.**
- ✓ Read the statement attesting to the truthfulness of this claim filing and have signed and dated the claim form.
- ✓ Sent the claim form and all required documentation to:

Supporting Documentation

- ☐ **Completed and signed claim form**
- ☐ **American Express Credit Card receipt**
- ☐ **American Express Card account statement showing purchase**
- ☐ **Itemized store receipt**
- ☐ **Repair estimate showing parts and labor**
- ☐ **Police or security report**
- ☐ **Copy of the declaration page of any applicable insurance policy**
- ☐ **Return all documentation within 180 days of reporting the claim**
- ☐ **Any other documentation needed to substantiate the claim**

*Please do not dispose of, or destroy, the item in question. It may be requested during claim review.

TWG Innovative Solutions
Claims Administration
PO Box 87719
Chicago, IL 60680-0919

Please call 1-866-918-4560 for information regarding your claim.

Monday – Friday
8:00 a.m. – 8:00.p.m. ET