

9/25/2006



P.O. Box 89405
Cleveland, OH 44101

ANTHONY SILVA
██████████
██████████
OSAKA 0 JAPAN

Claim Number: ██████████
Date of Incident: 8/22/2006
Rental Company: ██████████
Rental Agreement/File #:

Dear ANTHONY SILVA:

Thank you for your interest in the MasterCard MasterRental® Collision Damage Waiver Insurance program. Before we can proceed with handling your claim you must contact us by e-mail at mresponse@ufac-claims.com or at our toll free number 1-800-MCASSIST, with the information indicated below that has not yet been reported to us:

- Rental agreement number

As noted in the MasterCard Guide to Benefits, it is imperative that the enclosed claim form and the following required documents are received in our office within 180 days from the date of the incident. We will begin to handle your claim when we receive these documents:

- Claim form (Please complete all required information and sign in all applicable areas)
- MasterCard billing statement showing transaction charge and credit limit

Please submit the required documents:

By email: mresponse@ufac-claims.com

By fax: 440-914-2889

By mail: MasterCard Assistance Center
c/o Program Administrator at Cambridge Integrated Services
PO Box 89405
Cleveland, OH 44101-6405

For questions about your claim, call 1-800-MCASSIST.

Once we receive the above information, we will be contacting the rental car company on your behalf to secure their supporting documents in order to resolve your claim.

Should you have any questions, or if we can be of assistance, please don't hesitate to contact us at our toll free number 1-800-MCASSIST, or by e-mail at mresponse@ufac-claims.com. Thank you for choosing MasterCard.

Sincerely,
MasterCard Assistance Center