

EMERGENCY ROADSIDE ASSISTANCE

Reimbursement Claim Form

CLAIMANT INFORMATION

Full Name

Membership / Policy Number

Phone Number

Email Address

Mailing Address

VEHICLE INFORMATION

Year

Make

Model

License Plate Number

Vehicle Identification Number (VIN)

INCIDENT & SERVICE DETAILS

Date of Incident

Time of Incident

Location of Incident (City, State, or Highway)

Type of Service Performed (Select all that apply)

- Towing
- Battery Jump Start
- Flat Tire Change
- Fuel Delivery
- Lockout / Key Service
- Winching / Extrication

Service Provider / Company Name

Service Provider Invoice / Receipt Number

EXPENSE SUMMARY

Description of Service / Itemized Expense	Amount Paid
Total Requested Reimbursement Amount:	

Submission Requirements:

1. Please attach original, itemized receipts and proof of payment (credit card receipt, canceled check, or cash receipt).
2. Ensure the service provider's name, address, and telephone number are clearly visible on the documentation.
3. Claims must be submitted within the designated timeframe policy period from the date of service.

Claimant Signature

Date