ROADSIDE ASSISTANCE Application for reimbursement



Home telephone: Business: Ext.: Cellphone: Brail address: Make (vehicle): Date of the service: Breakdown location/address: Service received: Battery boost Flat tire replacement Lockout service Fuel delivery Extrication Minor mechanical adjustments Other: Towing Specify distance: Towing Specify distance: Tow destination/address: Have you tried to reach us? YES NO If so, please indicate the telephone number you called from: Why didn't you use the roadside assistance service of CAA-QUEBEC, CAA or AAA (U.S.A.)? Was the service performed at the request of the police force? YES NO Was this incident caused by an accident, theft, or car fire? YES NO If yes, did you first submit this claim to your insurance company for reimbursement? YES NO	Address: Apt.: City:	Membership card number: 620 285			
City:	City: Province: Postal code: Home telephone: Business: Ext.: Cellphone: E-mail address: Make (vehicle): Model: Year: Date of the service: Time: A.M P.M P.M Dereakdown location/address: Service received: Battery boost Flat tire replacement Lockout service Fuel delivery Extrication Minor mechanical adjustments Dother: Towing Specify distance: Kilometre(s) Reason for towing: Total minutes the patroller spent on site: Tow destination/address: Have you tried to reach us? YES NO Foo please indicate the telephone number you called from: Why didn't you use the roadside assistance service of CAA-QUEBEC, CAA or AAA (U.S.A.)? Was the service performed at the request of the police force? YES NO Foo please indicate to aused by an accident, theft, or car fire? YES NO For reimbursement? YES NO For service in this claim to your insurance company for reimbursement? YES NO For service in this claim to your insurance company for reimbursement? YES NO For service in this claim to your insurance company for reimbursement? YES NO For service in this claim to your insurance company for reimbursement? YES NO For service in this claim to your insurance company for reimbursement? YES NO For service in the servi	Name:	First nam	ne:	
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After receiving the information and paperwork, we will be happy to study your case and if applicable, to forward a		refund based on the association contract rate for the affiliates	s in the area where the breakdowr	occurred.	
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