

ROADSIDE ASSISTANCE

Application for reimbursement



Membership card number: 620 285

Name: First name:

Address: Apt.:

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.

Breakdown location/address:

Service received: Battery boost Flat tire replacement Lockout service Fuel delivery

Extrication Minor mechanical adjustments

Other:

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

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

If not, why?

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 in the area where the breakdown occurred.

Signature: Date: