



# CAR TRIP INTERRUPTION PROTECTION APPLICATION FOR REIMBURSEMENT

EXPERIENCE THE BENEFITS

MEMBERSHIP CARD NUMBER: **620285** \_\_\_\_\_

NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ EXT.: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MAKE (VEHICLE): \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

DATE OF THE INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M P.M

POINT OF DEPARTURE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

NUMBER OF PASSENGERS (ADULT): \_\_\_\_\_ NUMBER OF PASSENGERS (CHILDREN): \_\_\_\_\_

**LOCATION** OF THE INCIDENT: \_\_\_\_\_

CIRCUMSTANCES (CHECK): ACCIDENT FIRE THEFT

MECHANICAL BREAKDOWN SPECIFY: \_\_\_\_\_

OTHER SPECIFY: \_\_\_\_\_

DISTANCE BETWEEN THE RESIDENCE AND THE LOCATION OF THE INCIDENT: \_\_\_\_\_ KILOMETRES

**EXPENSES CLAIMED:**

LODGING: \_\_\_\_\_ \$

MEALS: \_\_\_\_\_ \$

CAR RENTAL: \_\_\_\_\_ \$

TRANSPORTATION: \_\_\_\_\_ \$

TOWING: \_\_\_\_\_ \$

PAPERWORK REQUIRED

ORIGINAL AND DETAILED BILLS;

INVOICE FOR REPAIRS TO YOUR VEHICLE OR DAMAGE ESTIMATE;

IF YOUR APPLICATION IS THE RESULT OF AN ACCIDENT, THEFT, OR CAR FIRE, PLEASE PROVIDE:

NAME OF YOUR INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER WITH THIS INSURER: \_\_\_\_\_

NAME OF YOUR INSURANCE AGENT: \_\_\_\_\_

TELEPHONE NUMBER OF YOUR INSURANCE COMPANY: \_\_\_\_\_

After receiving the information and paperwork, we will be happy to study your case and if applicable, to forward a refund according to the terms and conditions of our travel assistance program.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_