

TRIP ACCIDENT ASSISTANCE CLAIM FORM

CHECK TYPE OF EXPENSE TO BE REIMBURSED

□ LOCAL LODGING & MEALS OR □ COMMERCIAL CAR RENTAL	$OR \ \square \ COMMERCIAL \ TRANSPORTATION$								
Up to \$300.00 for Basic Members and up to \$600.00 for Plus Members									

Note: Benefits are to be claimed only by a CAA Member whose car, while being driven by said member, is disabled as the result of a reportable motor vehicle collision accident occurring 200 kilometers or more, from home.

PLEASE P	RINT										
MEMBER INFORMATION (DRIVER AT TIME OF ACCIDENT)											
First Name		Last Name					Membership Number 620 282				
Address						City	1		Postal (Code	
Home Telephone Number Business Telephone			e Number		Membership Expiry Date						
VEHICLE INFORMATION											
Year					Model License Plate Number				r		
Owner's Name			Home Telephone Number			Business Telephone Number					
Address			City			Postal Code					
Insurance Company			Policy Number		7	Telephone Number					
Insurance Company Contact Person					Telephone Number	elephone Number					
ACCIDENT INFORMATION											
Date (yy/mm/dd)					ion (Address)						
City/Town and Province/State where accident occurred			# of Passengers in Vehicle 1 (your vehicle) # of Passengers in Vehicle					s in Vehicle 2			
# of Passengers in Vehicle 3 Police Department to Which Accident was Reported							Police	Officer's B	adge Number		
Police Department Address				Police Department Telephone Number							
Briefly Describe How Accident Happened											
Describe Vehicle Damage											
Amount of Damag	10	How many kilome	aters from Driv	/ar's hor	me did the accident of	cur?					
\$,0	Tiow many knome	otoro mom Briv	701 3 1101	ne did the decident of	Jour .					
		OTHER C	AA MEMBE	RS IN	VEHICLE AT TIME	OF A	CCIDENT				
Name									Age	Sex (M or F)	
Address							T (Γelephone)	e Number		
Name									Age	Sex (M or F)	
Address							1	Felephone	e Number		
I understand that reimbursement will be made for only one type of expense and within certain limitations, based on paid receipts enclosed and will not exceed \$300.00 (\$600.00 to CAA Plus members) per accident. Benefit claimed is for a CAA South Central Ontario member who was driving an automobile that was completely disabled owing to an accident. Signature											