CAA South Central Ontario Roadside Refund Claim Form

Eligibility Requirements

While CAA SCO strives to be available to service its Members at all times, there are situations when 3rd party services are required or recommended to our Members.

If the CAA service was available but not used, reimbursement consideration will be made at the local contract station rate, subject to approval by CAA SCO. We will reimburse you for any service normally provided under your membership. In instances where the CAA contractor’s access is legally restricted (e.g., toll roads, limited-access highways), full reimbursement will be provided for towing back to the service facility or the nearest exit.

To be eligible for reimbursement consideration, members are required to:

- Contact and be advised by CAA SCO to proceed with 3rd party service
- Have an active membership at time of 3rd party service
- Have a service call available for use at date and time of service and reception of submission. (At least 1 call available during that period)
- Submit their claim within 30 days of service
- Provide requested correspondence and documentation including the CAA South Central Ontario Roadside Refund Claim form.

Claims will be limited to maximum entitlements per Membership Benefits based on membership level. Rates will not exceed those indicated on the Tow Documentation/outlined in our Terms & Conditions.

Claims and accompanying documents submitted for reimbursement consideration must bear the Member’s name.

Reimbursements will be calculated at a ‘fair rate’, which will be determined by:

- Regulated municipalities – rates posted by the servicer within the municipality
- Non-regulated municipalities – average of posted rates within regulated municipalities

Exclusions:

The following circumstances are excluded from reimbursement:

- Service provided for non-member
- Police ordered service for a legal infraction
- Accidents – tows to Collision Reporting Centers

### Member Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Membership Number</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>620 282</td>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Postal Code</th>
<th>City/Province</th>
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<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell/Bus Phone Number</th>
<th>Email Address</th>
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### Vehicle Information

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<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>License Plate</th>
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Please submit all original receipts and documentation to:
CAA South Central Ontario
ERS Refunds Department
60 Commerce Valley Drive East, Thornhill, Ontario L3T 7P9
Fax: 905-771-4720 Email: ersclaims@caasco.ca
Reimbursement Information

<table>
<thead>
<tr>
<th>Name of Facility Used</th>
<th>Facility Phone Number</th>
<th>Date (YY/MM/DD)</th>
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<tr>
<th>Time (am/pm)</th>
<th>Location/Address of Breakdown</th>
<th>City / Province</th>
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Vehicle was located in/on:

- Highway ❑
- Street ❑
- Parking Lot ❑
- Driveway ❑
- Underground ❑
- Other ❑

If Other, please specify:

Did you call CAA?

- Yes ❑
- No ❑

If yes, what number did you call from?

Amount Paid for Road Service ($):

Type of Service that was required:

- Tow ❑
- Boost/Start ❑
- Lockout (Keys) ❑
- Fuel ❑
- Stuck/Extrication ❑
- Other ❑

If Other, please specify:

Tow Destination (complete if Service required was Tow):

Police Ordered Tow: See below**

- Yes ❑
- No ❑

Tow Distance:

- Km ❑
- Mi ❑

Accident/Stolen Vehicle Claim – All Fields Must be Completed

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>Policy Number:</th>
<th>Telephone Number(s):</th>
<th>Were the police Present? See below**</th>
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<tr>
<th>Insurance Company Contact: (Person to Contact, Phone Number, Email)</th>
<th>Will you be submitting an Insurance Claim?</th>
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If Yes, please explain why your insurance company is not covering the cost of service.

* Please remember to attach original, itemized bill/invoice of services with this form
** If you selected Yes ❑ for Police Ordered Tow, please attach corresponding incident report or report number.

I Understand that reimbursement will be considered based on the CAA SCO Emergency Road Service Terms & Conditions.

_________________________  Signature
_________________________  Date (YY/MM/DD)